



PERMISSION TO PUBLISH STUDENT IMAGES AND WORK OF STUDENTS

Dear parents/responsible persons

We request permission for work and/or images of your child to be taken during school activities and published. Work/images would be used for the purposes of educating students, promoting our school and/or promoting public education.

If you give your permission, we may publish images of your child and/or samples of work done by your child in a variety of ways including, but not limited to, online and printed school newsletters, magazines, reports and other materials; school websites; Department of Education/Government of Western Australia online and printed information; and online and printed external media. If published, third parties would be able to view the photographs and work.

Signing the consent form means you agree to:

- Images of your child and samples of your child's work being published as many times as required in the ways mentioned above; and
- Your child's first name only being published. Family names will not be published.

Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

If you agree to permit the school to capture images of your child, publish images of your child and publish samples of your child's work, please complete the consent form below and return it to the school as soon as possible.

This consent will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the school capturing images of my child during school activities for use in educating students, promoting the school and promoting public education. I also agree to the publication (electronic and/or printed) of images and /or samples of my child's work in a range of ways including, but not limited to, websites, intranet sites, school newsletters (print and online), magazines and the electronic and print external media subject to the conditions set out above.

Student name: _____ **Form/Class:** _____

Signature of student: _____ **Date:** _____

Name of parent/responsible person: _____

Signature of parent/responsible person: _____ **Date:** _____

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.