**PHOTOGRAPH/VIDEO PERMISSION FORM**

Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school’s newsletter or website and social media, or to promote the school in newspapers and other media. Catholic Education Western Australia (CEWA) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials,

Information about your child that may appear is outlined in the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Publication | Photo/Video | First Name | Surname | Year level | Student work |
| School website |  |  |  |  |  |
| Social media |  |  |  |  |  |
| Media |  |  |  |  |  |
| School newsletter |  |  |  |  |  |
| School yearbook |  |  |  |  |  |
| CEWA publications |  |  |  |  |  |
| Newspaper report  |  |  |  |  |  |

We would like your permission to use your child’s photograph/video for the above purposes.

Please complete the permission form below and return to the school as soon as possible.

Thank you,



Mr Greg Martin

Principal

**PHOTOGRAPH/VIDEO PERMISSION FORM**

STUDENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR LEVEL:\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick the relevant box.**

□ I give permission for my child’s photograph /video and name to be published in promotional materials, newspapers and other media, the school website and social media (no names will be posted on social media). I authorise CEWA to use my child’s photograph/video in material available to schools and education departments around Australia for promotional marketing, media and educational purposes. I understand that this permission form is valid for the duration of my child’s schooling at Our Lady’s Assumption School and agree that if I wish to withdraw this authorisation and consent at a later date, it is my responsibility to notify the school in writing.

□ I do not wish to consent to my child’s photograph/video appearing in the publications above.

Signed: Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_