



## ST ROSE CATHOLIC PRIMARY SCHOOL PHOTOGRAPH/VIDEO PERMISSION FORM

Dear Parent/Guardian

In this form we seek your consent to make photographs/films of your child available to the public and to include photographs/films of your child in our promotional materials. The school's other uses of photographs/films of your child (such as in the school newsletter and on our intranet) are explained in the privacy notice provided to you each year. If you would like another copy of this privacy notice, please contact us.

This form also seeks consent for the Catholic Schools Office, Diocese of Broken Bay to use photographs/videos of your child in print and online promotional, marketing, media and educational materials.

Please complete the permission form below, include a mark next to the uses you consent to, and return to the school as soon as possible. If you have more than one child at the school, and do not want to fill out a separate form for each, you can list multiple children in the permission form below.

Thank you for your continued support.

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

**NOTE: Please confirm your consent to the uses and disclosures described below by ticking the relevant box. Please note that the child's name may be included with/in the photograph/video. If you do not wish your child's image to be used in the way described below you can leave the box blank.**

- I give my consent to the School using my child's photograph/video:

<input type="checkbox"/>	on the school website
<input type="checkbox"/>	on school social media channels (such as Facebook and Twitter)
<input type="checkbox"/>	in materials promoting the school, including advertising materials
<input type="checkbox"/>	in newspapers and other media for the purpose of promotion and communication of school activities or programs, training materials and resources

- I give my consent to the Catholic Schools Office, Diocese of Broken Bay using my child's photograph/video:

<input type="checkbox"/>	in material available free of charge to schools and education departments around Australia and for the Catholic Schools Office's promotional, marketing, media and educational purposes without acknowledgment, remuneration or compensation.
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- I understand and agree that if I wish to withdraw any consent provided above, it is my responsibility to notify the school.

Name of Parent / Guardian  
(please circle)

\_\_\_\_\_

**Signed:** Parent / Guardian

\_\_\_\_\_

Date: \_\_\_\_\_

**If student is aged 15+,  
student must also sign:**

**Signed:** Student

\_\_\_\_\_

Date: \_\_\_\_\_