



Sir David Brand School

Independent Public School

ABN: 12 582 538 74

Parent/Carer Consent for Student Photographic Recording

Student Name: _____

I give permission for the above named child, while a student at Sir David Brand School, to be visually recorded (still or moving photography) for:

Please circle and initial

- | | | |
|----|---|------------------|
| a. | Classroom and school based recording purposes.
For example, student assessments and reports and portfolios of achievement for parent information and recording of school based activities such as term assemblies and activity days. | yes / no () |
| b. | School publications for the wider school community.
For example newsletters and the annual school report.) | yes / no () |
| c. | Information and publicity to the general community.
For example school brochures and publicity of student activities and achievements in local newspapers. | yes / no () |
| d. | Sir David Brand website.
For use on the school's website to inform prospective parents of our programs and keep the school community informed. | yes / no () |
| e. | Sir David Brand School Closed/Secret Facebook group
for use and access by the Sir David Brand School community only. | yes / no () |

If, for any reason, you wish to alter or withdraw consent for Photographic recording, please advise the school in writing.

Signed _____ **Date** _____

Parent/Caregiver Name: _____

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