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## PERMISSION TO PUBLISH IMAGES OF STUDENTS AND STUDENTS' WORK

Dear parent or caregiver,

Your permission is sought for the school to publish video or photographic images and/or samples of your child's work taken during school activities.

If you give permission, the school may publish the images internally on Department of Education intranet sites, in online and hard copy school newsletters, Department of Education public Internet websites, school annual magazines and local newspapers. If published externally to an open website or publication, third parties would be able to view the photographs and work.

By signing the attached consent form you agree to the following:

- The school will only publish the first name of the student. Family names will not be revealed.
- The images or work samples would be used for the purpose of educating students, promoting the school, or promoting public education.
- The images or work samples may be reproduced as many times as required for these purposes.

Any video or photograph captured by the school will be kept for no longer than is necessary and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education cannot guarantee that your child will not be able to be identified from the video, photograph or work sample.

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

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

ANTHONY SHIELDS  
PRINCIPAL  
CLARKSON PRIMARY SCHOOL

### CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of these images or samples of work of (insert child's name) \_\_\_\_\_ in ways including, but not limited to, public web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper. I will notify the school if I decide to withdraw this consent.

Name of student: \_\_\_\_\_ Form / Class: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/responsible person: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This consent form should be filed by the school.