



# COMO PRIMARY SCHOOL

THELMA STREET

COMO WA 6152

TELEPHONE: 9450 3112

FACSIMILE: 9450 1004

PRINCIPAL: R. Griffiths

Dear parent or carer,

## Permission to Publish Students' Work or Images of Student on Web Sites

I request your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school 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 hard copy school newsletters, Department of Education Internet web sites or intranet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

- The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- Your child's image may be reproduced either in colour or in black and white.
- The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.
- The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes 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 image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below and return it to the school by Wednesday 29<sup>th</sup> May. This consent, if signed, will remain effective until such time as you advise the school otherwise.

### CONSENT FORM

I \_\_\_\_\_ give my permission for the videoing or  
Parent/Carer name

photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also give my permission for the publication of images or samples of work of \_\_\_\_\_ in ways including, but not limited to, web sites or  
Child's Name

intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. 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 will be filed by the school and a copy provided to the parent/carer.*