As part of your child’s educational program at Clinton State School they may be photographed or have work displayed in the following ways.

I ___________________(parent/carer/guardian) give permission for:

Name of Student/s 1. ____________________ Year level _____
2. ____________________ Year level _____
3. ____________________ Year level _____
4. ____________________ Year level _____

- school class photos
- photographs
- digital photos
- video presentations
- art/craft items
- visual displays
- graphics
- school records
- school data base records
- local media presentations/displays
- state media presentations/displays
- national media presentations/displays
- international media presentations /displays
- on the World Wide Web

I/We give my/our permission in writing for the above mentioned child/ren to take part in these media and arts activities.

☐ Yes  ☐ No

I/We give my/our permission in writing for the school to release the name/s or above mentioned child/ren to the appointed school photographer

☐ Yes  ☐ No

I/We also understand that at times my /our child/ren may be the subject of another person’s photography, either intentional or unintentional, eg group shots, special celebrations, race finishes etc and the school has no control over this aspect of photography.

☐ Yes  ☐ No

Should my/our circumstances change and I/we wish to revoke this permission I/we will notify the school in writing.

Parent/Caregiver/Guardian Signature: ______________________________
Date: ___/___/___