



NSW Community Languages Schools Program

Liverpool Polish Saturday School

PERMISSION TO PUBLISH STUDENT'S WORK OR PHOTOGRAPHS

Dear parent or caregiver,

I am seeking your permission for photographs of _____ Student's Name

to be taken during school activities and to publish the photographs and or work on School Newsletters, School Website and other group photo's of students.

If published, third parties would be able to view the photographs and/or work.

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

That Liverpool Polish Saturday School (a member of the NSW Community Languages Schools Program) is:

1. able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above;
2. Your child's photograph/work may be reproduced either in colour or in black and white;
3. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Community Language School;
4. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
5. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/work.

If you agree to permit the Liverpool Polish Saturday School to take photographs of your child, and to publish the photographs/work of your child, in the manner detailed above, please complete the consent form and return it to your child's teacher or the School Coordinator as soon as possible.

This consent, if signed, will remain effective until such time as you advise the Liverpool Polish Saturday School otherwise or until your child ceases to be a student of the school.

Yours sincerely,

School Coordinator/Principal

Consent Form for Publication of Student's Work or Photographs

I agree to the publication of my child's photographs/work as outlined above. I will notify the Community Language School if I decide to withdraw this consent.

Student's name: _____

Signature of parent/caregiver: _____ Date: _____

Signature of student: _____ Date: _____