



Child's name:

Class:

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PARENTAL CONSENTS:

Please tick as appropriate:

- I understand that the school uses an external online booking system in order to make Parent/Teacher Consultation Appointments and I give my consent for my email address and my child's basic details to be used for this purpose.
- I give my consent for photographs of my child to be used in school literature.
- I give my consent for images of my child and examples of my child's work to appear on the school website and social media. I understand that images will not be named.
- I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.
- Parents are able to take photographs at school events. I agree to ensure that all images I take will focus on my own child as much as possible, will be for my personal use, will be kept securely, used appropriately and not uploaded onto social media/networking sites.
- I give my consent for professional school and class photographs to be taken of my child

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SIGNATURE OF PARENT/CARER

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DATE

