



**PERMISSION TO BE PHOTOGRAPHED OR FILMED FOR THE SCHOOL
PROMOTIONAL VIDEO 2017**

Please tick below to let us know your preference. Please put all siblings on one page.

I do give permission for my child to be photographed or filmed and for their image to be used in the school video 2017.

I do not give permission for my child to be photographed or filmed and their image is **NOT** to be used in the school video 2017.

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Parental/Guardian Signature: _____ Date: _____

Please return to the School Office before the end of February 2017. Thank you.