Dear Parent/Guardian

As part of the school’s publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office (CEO) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, including newsletter and school annual.

Please complete the section below only if you **DO NOT** want your child/ren to feature in such publicity, and return it to the school office.

I __________________________________, **DO NOT GIVE PERMISSION** for the use of my son’s/daughter’s photo/video image in school publicity activities.

STUDENT NAME: ___________________________ CLASS: __________

STUDENT NAME: ___________________________ CLASS: __________

STUDENT NAME: ___________________________ CLASS: __________

STUDENT NAME: ___________________________ CLASS: __________

Signed: ___________________________ Date: __________