

# Photography Consent Form

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Name of Student: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I give permission for my child to be used in photography and/or recordings for promotional and documentary purposes. These images may appear in our printed publications, on video, on our website, or on all three.

To comply with the Data Protection Act 1998, your permission is required before we take any photographs or recordings of you. Please answer the questions below then sign and date the form where shown.

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|---|----------|
| 1. May we use your image in our own printed publications produced for promotional and documentary purposes?   | YES / NO |
| 2. May we use your image on our website?  | YES / NO |
| 3. May we record your image on promotional videos?  | YES / NO |
| 4. May we use your image in printed publications produced by others for promotional and documentary purposes? | YES / NO |

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_