

AUTHORITY TO PUBLISH



Education
& Communities

Liverpool West Public School would like to use photographs of your child in its communication activities and material for the purpose of promoting the school and public education.

The use of your child's photograph(s) may include, but is not limited to, reproduction in: electronic and print promotional material; the school's website; and in media promotions activities.

By signing this form you agree to the following:

1. Liverpool West Public School is able to use your child's image as many times and in as many ways as it requires,
2. Your child's image may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes;
3. You will not be consulted about the specific context in which your child's image appears.

I approve that my child or ward's image can be included in the South Western Sydney Region's Image Library for a five-year period from the date of this photo shoot. I approve this on the understanding that the NSW DET use the image only for general promotion of public education. The photo may be reproduced in electronic and print promotional material and used for media promotion activities. I understand I will not be consulted about the context in which the photograph appears. The NSW DET will keep the images in a secure environment in the school or in the Regional Office, Building A, 500 Chapel Road, Bankstown. No personal details about you or your child will be kept with the photographs or divulged to any party in accordance with the DET Privacy Code of Practice.

Your agreement to permit the use of the photograph(s) is greatly appreciated.

- Any enquiries concerning the images used on your school's promotional material may be directed to the Principal, at Liverpool West Public School on (02) 9602 8062.

To sign this permission form, you must be over 18 years of age and the parent or legal guardian of the child/children being photographed. Please return the signed form to the school.

Trish Hagan
Relieving Principal
11th August 2016

I have read this form and agree to my child's image being used for the purposes as outlined above:

Student's name:

Address:

School: Liverpool West Public School

Parent/Guardian's signature: Date:

Telephone: (W) (H)