



PHOTOGRAPH/VIDEO PERMISSION FORM

Dear Parents/Caregivers,

During your child's time at St Helena's Catholic Primary School, photos, videos and voice recordings of your child taking part in school activities as well as samples of their work may be taken. It is intended that these items be used by the school on our website, social media, school annual, media releases or other publications. The photos, videos and voice recordings may be used to publicise the school and activities that children have taken part in.

The situation may also arise, on occasion, whereby Catholic Education Western Australia (CEWA) or local media will need to take photographs and/or video footage of your child for publication in newspapers, school documents, CEWA and Catholic agency documents (e.g. Caritas, CDF, LifeLink, etc.), training videos and/or the school/CEWA website.

Information about your child that may appear is outlined in the table below.

| Publication | Photo/Video/ Voice | First Name | Surname | Year Level | Student Work |
|--------------------------|-----------------------|------------|---------|------------|--------------|
| School website | ✓ | ✓ | ✓ | ✓ | ✓ |
| School promotion | ✓ | | | ✓ | ✓ |
| Social media | ✓ | | | ✓ | ✓ |
| Media | ✓ | ✓ | ✓ | ✓ | ✓ |
| School newsletter | ✓ | ✓ | ✓ | ✓ | ✓ |
| Year level communication | ✓ | ✓ | ✓ | ✓ | ✓ |
| School Annual | ✓ | ✓ | ✓ | ✓ | ✓ |
| CEWA publications | ✓ | ✓ | ✓ | ✓ | ✓ |
| Parish publications | ✓ | ✓ | ✓ | ✓ | ✓ |

All information gathered is subject to the school's Privacy Policy and will be treated in accordance with it. This will apply for the duration of your child's education at St Helena's Catholic Primary School. To ensure a secure management process, the option is to give permission for all listed intentions. Families cannot opt to give permission for some intentions and not others.

CHILD'S NAME: _____

Please tick the relevant box:

- I give permission for my child's photograph/video/voice recording and information to appear in publications as outlined in the above table.
- I do not give permission for my child's photograph/video/voice recording and information to appear in the publications above.

 **55 Fortescue Place**
Ellenbrook WA 6069

 **(08) 9297 7500**

 **admin@sthelenas.wa.edu.au**

 **sthelenas.wa.edu.au**

PARENT/CAREGIVER'S NAME: _____

SIGNATURE: _____

DATE: _____