

Wymondham St Peters CE Primary School Multi-Media Permission

**This consent will remain valid until withdrawn in writing or until your child leaves
Wymondham St Peters CE Primary School.**

NAME OF CHILD: _____

1. I give permission for my child's photograph to be used in school publications eg. the school newsletter/school website. **YES/NO**

2. I give permission for my child's photograph to be used on the school's website. **YES/NO**

3. I give permission for my child's photograph to be used by local organisations affiliated to the school eg. Church. **YES/NO**

4. I give permission for my child's photograph to be used by national and local newspaper publications. **YES/NO**

5. I give permission for my child to be filmed undertaking school activities for use by school-approved organisations. **YES/NO**

If you have stated NO to any of the permissions above, please could you briefly outline your reasons to help us understand any particular difficulties/situations.

Parents are entitled to refuse permission and not give a reason. If the reason is too sensitive to write down, please speak to the school staff who will treat the situation with the utmost confidentiality

If I or my child's situation changes, I will inform the school of any changes given to the permissions above.

Signed _____ Date _____
(Parent/Carer)