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THOMAS MITCHELL PRIMARY SCHOOL

Family Name: **Child's Name:**
 (Please Print Clearly)

Parent(s)/Guardian(s) Name:

.....

Address:

..... Postcode:

Consent Form - Publication of Photographs and Visual Images (eg DVD)

I/We understand that throughout the course of each school year my child's photograph and/or visual imagery for recording on DVD may be taken while participating in school classes, sporting events, excursions, camps, school performances and other activities.

I/We understand that my/our child's photograph/visual image may be published in many ways. The following are some of the ways these may be published:

- In the school's weekly newsletter
- On display in the school classrooms and corridors
- DVD recording/photograph of school performances - public or school based venues
- In the newspapers for school publicity purposes
- In the Victorian Department of Education magazine 'Shine'
- On the school's intranet site – school community access
- On the school's internet site – public access

I/We consent to the use of photographs/visual image of the above named child being published.

I/We also consent to my/our child's first name being used to identify my/our child.

This consent will continue for the remainder of his/her time as a student of Thomas Mitchell Primary School. I/We will notify Thomas Mitchell Primary School in writing if I/we decide to withdraw this consent at any time.

Signature(s) of Parent/Guardian: Date: