# Macarthur Polish Saturday School

### NSW Community Languages Schools Program

## Macarthur Polish Saturday School

#### PERMISSION TO PUBLISH STUDENT'S WORK OR PHOTOGRAPHS

## Dear parent or caregiver,

| •   |
|---|
| I am seeking your permission for photographs of   |
| to be taken during school activities and to publish the photographs and or work on School's Newsletter, School's Website, School's Facebook Account.  |
| If published, third parties would be able to view the photographs and/or work.  |
| If you sign the attached form it means that you agree to the following: <b>1. Macarthur Polish Saturday School</b>  |
| <ul> <li>is able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above.</li> <li>2. Your child's photograph/work may be reproduced either in colour or in black and white.</li> <li>3. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Macarthur Polish Saturday School.</li> <li>4. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.</li> <li>5. While every effort will be made to protect the identity of your child, the Macarthur Polish Saturday School cannot guarantee that your child will not be able to be identified from the photograph/work.</li> </ul> |
| If you agree to permit the Macarthur Polish Saturday School to take photographs of your child, and to publish the photographs/work of your child, in the manner detailed above, please complete the consent form and return it to the Macarthur Polish Saturday School by 17/02/2018.   |
| This consent, if signed, will remain effective until such time as you advise the Macarthur Polish Saturday School otherwise.  |
| Yours sincerely,<br>Bernadeta Kawa  |
| Consent Form for Publication of Student's Work or Photographs   |
| I agree to the publication of my child's photographs/work as outlined above. I will notify the Macarthur Polish<br>Saturday School if I decide to withdraw this consent.  |
| Student's name:   |

Signature of parent/caregiver: \_\_\_\_\_

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