



ATTENTION: FRENCH LANGUAGE CONSULTANTS
FAX: 9886 7160

**PERMISSION TO PUBLISH
STUDENT PHOTOS OR WORK IN PRINT OR INTERNET DOCUMENTS**

Student / work details

Given name: Family name:
School:
Age: School year:
Date:

Student permission

I,, do / do not (delete one) give permission for my photo and/or work to be printed in publications by the Department of Education and Training.

I do / do not (delete one) give permission for my photo and/or work to be posted on the Department's web sites. I understand that the web sites will be accessed via the Internet.

Signature: Date:

Parent/caregiver permission

I,, do / do not (delete one) give permission for the above student's photo and/or work to be printed in publications by the Department of Education and Training.

I do / do not (delete one) give permission for the photo and/or work to be posted on the Department's web sites. I understand that the web sites will be accessed via the Internet.

Signature: Date:

**Please note: Both student and parent/caregiver permission is required
Signed permission slips should be returned to your teacher**