



BRIAGOLONG PRIMARY SCHOOL
ABN 31 345 398 689
Church Street, BRIAGOLONG, VICTORIA. 3860
Telephone: (03) 5145 5260 Facsimile: (03) 5145 5369
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CONSENT FORM FOR MEDIA PUBLICATIONS

Permission to cover the duration of the student's schooling at this school.

Throughout your child's schooling, photographs, images and videos will be utilised as part of the school's curriculum. These then have the potential to be used in our newsletter, press, television and any other media (not including internet) for various purposes e.g publicity, school events, advertising etc

Name of child attending the school:

Parent's/guardian's/carer's full name:

Parent's/guardian's/carer's full name:

I hereby give my consent for the above named child to participate in the school's media publications program for the duration of their schooling at this school.

Signature of parent/guardian/carer: Date.....

Signature of parent/guardian/carer: Date.....

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school's media publications..