

PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENT

STUDENT'S NAME: _____ YEAR LEVEL: _____

Dear Parent, Guardian or Care Giver,

Your permission is sought for the school to publish video or photographic images and/or samples of your child's work taken during school activities.

If you give permission, the school may publish the images internally on Department of Education intranet sites, in online and hard copy school newsletters, Department of Education public Internet websites, school annual magazines and local newspapers. If published externally to an open website, display or publication, third parties would be able to view the photographs and work.

By signing the attached consent form you agree to the following:

- The school will only publish the first name of the student. Family names will not be revealed.
- The images or work samples would be used for the purpose of educating students, promoting the school, or promoting public education.
- The images or work samples may be reproduced as many times as required for these purposes.

Any video or photograph captured by the school will be kept for no longer than is necessary and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education cannot guarantee that your child will not be able to be identified from the video, photograph or work sample.

Please complete the consent form below and **RETURN** it to the **School Office**. This consent, if signed, will remain effective until such time as you advise the school in writing otherwise.

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of these images or samples of work of my child in ways including, but not limited to, public web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper.

I will notify the school in writing if I decide to withdraw this consent.

Parent, Guardian or Care Giver Name: _____ Date: _____

Signature: _____

Shelley Primary School is committed to developing responsible digital citizens that use a variety of technologies to support learning.

Student iPledge.



WE USE ALL DEVICES IN A WAY THAT IS **SAFE**. I WILL

- ❖ only use my own logon and take responsibility for my account
- ❖ never share my user details without teacher or parent permission
- ❖ return and correctly store ICT equipment when I have finished using it
- ❖ use all equipment safely and keep food and drinks away from them
- ❖ never change device settings without permission
- ❖ use the internet in ways that are appropriate and meet the school values
- ❖ immediately report inappropriate sites or images
- ❖ ask my parent/carer to set up an online safety protocol at home to keep me safe

WE USE ALL DEVICES TO **LEARN**. I WILL

- ❖ follow teacher directions when using any digital technologies
- ❖ use the apps and software provided correctly, not downloading other material
- ❖ only access the software/sites I have been asked to use
- ❖ follow school rules when preparing materials for publication or for printing from web sites including gaining permission and acknowledging the source

WE USE ALL DEVICES WITH **RESPECT**. I WILL

- ❖ be respectful and not interrupt when other people are recording
- ❖ ask permission before taking appropriate photographs or videos of people
- ❖ never share people's photos, videos or details by email, online or via Airdrop
- ❖ ensure my iPad is fully charged daily and stored in the designated area.

(Student Name)

(Student Signature)

(Date)

(Parent Name)

(Parent Signature)

(Date)