Authority to Publish

This form is an agreement between you and the NSW Department of Education and Training. Please read carefully and sign at the bottom of the page if you agree to allow publication as set out below.

The Department would like to be able to quote you and/or use your photo in some of its printed and/or electronic promotional and marketing material which will be available for viewing by the public. If you sign this release form it means that you agree to the following:

1. The Department is able to use your photo(s) and/or quote as many times and in as many ways as it wants to – for example, on the Department’s website or in local newspapers.
2. Your photo may be reproduced in colour or black and white and may be altered for design purposes.
3. You will not be consulted about the specific context in which your photo and/or quote appears.
4. Material held will be kept for an indefinite time. It will be stored and disposed of securely.

The Department will not use your quote and/or photo for any purpose other than the general promotion and marketing of education and training by the Department.

Your agreement to permit the use of your photo and/or quote is greatly appreciated. Any enquiries you have may be directed to Tweed Heads Public School on 07 55361351.

To be able to sign this release form you must be over 18 years of age. If you are not over 18 years of age we will need the written agreement of your parent or guardian.

I am under 18 years of ages. My parent/guardian has read and understood this release and signed below.

Child’s Name __________________________________________ Class ________________________________

Parent/Guardian Name ________________________________ Phone _____________________________

Address __________________________________________

Parent/Guardian Signature ___________________________ Date ________________________________

PLEASE READ AND SIGN BOTH SIDES OF THIS FORM
Student Name ______________________________________  Class ________

Child Protection Lessons 2011
I give permission for my abovementioned child to participate in the Child Protection Program being undertaken within the classrooms at Tweed Heads Public School.

Viewing PG Rated Videos/DVDs 2011
I give permission for my abovementioned child to view PG rated programs under the supervision of a teacher.

Parent/Guardian Name ______________________________________
Signature ______________________________________
Date ______________________

PLEASE READ AND SIGN BOTH SIDES OF THIS FORM