

Our school.....

PARENT/GUARDIAN RECORDING AUTHORISATION WHERE STUDENT IS UNDER 18 YEARS OF AGE

I, _____, the parent / legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for and on behalf of Brunswick East Primary School (Department of Education and Training).

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform Brunswick East Primary School, on telephone (03) 9387-3361.

Date: __ / __ / ____ Signature: _____
(parent/guardian)

Name of Parent/Guardian: _____

Contact Telephone Number: _____

Name of Student: _____

Name of School: BRUNSWICK EAST PRIMARY SCHOOL

Name of Principal: ROBYN PERKINS

School Telephone Number: (03) 9387-3361

ALTERNATELY:

I do **not** agree for my child to be involved in any of the above recording.

Date: __ / __ / ____ Signature: _____
(parent/guardian)

Name of Student: _____
