



# Sydney Full Gospel Church Korean Language School

등록 번호	
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**Greenacre( ) Ryde( ) Blacktown( ) Castle Hill( ) Ryde Afternoon( )**

**\*Please tick ☒ in one of the above 5 locations.**

## 2020 PERMISSION TO PUBLISH STUDENT'S WORK OR PHOTOGRAPHS

Dear parent or caregiver,

I am seeking your permission for photographs of \_\_\_\_\_

Student's Name

to be taken during school activities and to publish the photographs and or work on

School's Newsletter, School's Website, etc.

If published, third parties would be able to view the photographs and/or work.

If you sign the attached form it means that you agree to the following:

### Sydney Full Gospel Church Korean Language School

\_\_\_\_\_  
Name of Community Language School

is able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above.

1. Your child's photograph/work may be reproduced either in colour or in black and white.
2. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
3. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
4. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/work.

If you agree to permit the Community Language School to take photographs of your child, and to publish the photographs/work of your child, in the manner detailed above, please complete the consent form and return it to the Community Language School by

\_\_\_\_\_  
Date

This consent, if signed, will remain effective until such time as you advise the Community Language School otherwise.

Yours sincerely,  
**(Name of Principal)**

### Consent Form for Publication of Student's Work or Photographs

I agree to the publication of my child's photographs/work as outlined above. I will notify the Community Language School if I decide to withdraw this consent.

Student's name: \_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed annually and kept with the Enrolment Form at the school.**