

**PUPIL CONSENT FORM - TAKING AND USING PHOTOS**  
**Please tick all the relevant boxes, sign and return this form to school**

**The use and display of my child's name(s)**

*Where the pupils' names are used for reasons of identification or orientation in school (i.e. coat pegs, school books or work trays) or for assessment/ accreditation purposes, the public interest purpose will take precedence and consent will not be required. Please see a member of SLT to discuss this matter or if you would like further clarification.*

**Agree      Disagree**

I give permission to have my child's first name displayed within school on posters or wall displays in their classroom.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to have my child's first name displayed within school on posters or wall displays in school corridors, the foyer or dining hall.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to have my child's first name displayed in celebrations or news items displayed on the school digital presentations (large electronic screens)	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to have my child's first name displayed in celebrations or news items published in the school newsletter (or class / department newspapers)	<input type="checkbox"/>	<input type="checkbox"/>

**The use of my child's image**

*Where the pupils' images are taken / displayed for reasons of Health and Safety / Safeguarding (e.g. for health care management, on individual health care plans, pen portraits and / or to share their individual targets) or as part of essential assessment / accreditation / achievement record keeping practices, the public interest purpose will take precedence and consent will not be required. Please see a member of SLT to discuss this matter or if you would like further clarification.*

**Agree      Disagree**

I give consent for my child's photo to be stored in SIMS (School Information Management System) as part of their individual data file.	<input type="checkbox"/>	<input type="checkbox"/>
I give consent for my child's photograph to be taken for the school photographer – "Russell Studios, Photography for Schools" – for individual, group, class and whole school photographs	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for photos of my child with their forename to be used in classroom, corridor and entrance displays.	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for photos of my child to be included within classroom or whole school PowerPoint presentations (i.e. to celebrate success, be part of assemblies or share their personal achievements).	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for photos of my child to be included in the class / department newspapers or within the school newsletter (first names will be included only, where required).	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for photos and videos of my child to be used on the school website and/or the school's learning platform (name will be omitted).	<input type="checkbox"/>	<input type="checkbox"/>



I give my consent for photos and the name of my child to appear in local or national newspapers, magazines or for potential broadcast on television. Please note that some newspapers may require the child's full name and may store photographs for online use.	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for my child to be photographed and filmed by staff and fellow parents during school productions and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format including on-line.	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for my child's image to be used for identification purposes should they have a specific educational, dietary or medical need which needs to be communicated to all staff for safeguarding purposes. (These photographs will be displayed in the medical room, staff room and school kitchen only).	<input type="checkbox"/>	<input type="checkbox"/>
I give my consent for my child's named image to be taken by the adult in charge on school trips or visits (The image would only be used in the event of an emergency and is shredded on return to school).	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to participate in video conferencing. (Occasionally your child's class may talk to other children or an author for example, outside of the school under the supervision of their Class Teacher)	<input type="checkbox"/>	<input type="checkbox"/>

### **The use and display of my child's name(s) or image in work with community partners**

*If community partners wish to publish or share any images taken during their time working with the pupils for their own fundraising or advertising purposes (e.g. for internet / paper-based case study and / or publicity materials), those partners will seek additional written consent from you at the time, if appropriate.*

*Occasionally our local community partners - Education (e.g. other KSENT Schools, Canterbury College, Canterbury Christchurch University or The University of Kent), Health (e.g. East Kent Hospitals University Foundation Trust), Charities / specialist programme development (MOVE, PROACT-SCIPr-UK, Makaton) or Creative Arts groups (e.g. STOMP, M&M Productions, Magpie Dance) may take photographic or written evidence of their experience with the pupils for the purpose of record keeping, assessment and the celebration of achievements – this will be for the purpose of public interest and consent will not be required extra to the permission given to be part of the work / experience.*

Students name \_\_\_\_\_

Class \_\_\_\_\_

Parents/carers name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

