

Photography Consent Form for School

Student Information

Full Name: _____

Date of Birth: _____

School Name: _____

Grade/Class: _____

Parent/Guardian Information

Name: _____

Relationship to Student: _____

Contact Number: _____

Email Address: _____

Consent Details

- I consent to the use of my child's photographs for educational purposes, including classroom displays, newsletters, and school websites.
- I do not consent to the use of my child's photographs for any purpose.

Purpose of Photography

The photographs may be used for:

- Internal school communications
- Public relations (newsletters, brochures)
- Website and social media platforms

Acknowledgment

By signing below, I acknowledge that I have read and understood the terms of this consent form.

Parent/Guardian Signature: _____ Date: _____