Kings Avenue Primary School Kings Avenue London SW4 8BO

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Executive Head teacher: Mr E David

Head of School: Ms J Clarke



Friday 3rd September 2021

RE: Permission to Photograph Child and Use Image

Dear Parent/Carer,

Occasionally, we may take photographs of the children at our school. We use these images as part of our school displays, in the newsletter, on our school website, and on social media.

If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption. If we name a pupil in the text, we will not use a photograph of that child to accompany the article. If a child has won an award and the parent would like the name of their child to accompany their picture we will obtain permission from the parent before using the image.

This form is valid for the period your child attends this school. Images of your child will not be used after this time. You can withdraw your consent at any time and can do so by writing to Mrs A. Shah asking them to stop using your child's images. At that point they will not be used in future publications but we cannot prevent them from continuing to appear in publications already in circulation

We need your permission before we can photograph or make any recordings of your child in order to comply with Data Protection legislation. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Type of Consent	Yes	No
I consent to my child's photograph being used in and around school for		
display purposes.		
I consent to my child's photograph being used in the school newsletter.		
I consent to my child's photograph being used on the school website.		
I consent to my child's photograph being used on social media.		
I consent to my child's photograph being used in wider school marketing		
materials.		
I give permission for my child's photograph to be used in local and/or		
national media.		
I give permission for my child to be filmed by the school during school		
productions.		
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Name(s) of Child/ren:	
Parent/guardian signature:	_ Date:
Please print name:	