**September 2019**

**Student Exemption from use of Photographs for Internal/External Publicity**

Dear Parent,

As part of celebrating and publicising all the curricular and extra-curricular events/activities that take place within FirstPoint School we may use photographs of your son or daughter as part of our publicity materials. In order to make this process more manageable we have decided to request that parents advise the school should they **not** wish photographs of their son or daughter to be used in this way.

We use images/photographs for local/national press releases, use on the School website, the School prospectus and recording DVDs of school events. At no time will a student’s name appear beside his or her published photograph and therefore there is no risk that your son or daughter will be able to be identified through the use of their photograph.

We do hope that you will support us in sharing all of the excellent work of the school with the wider community but if you do have any concerns/questions on the use of images then please do not hesitate to contact me at the school for further information.

**Please complete the tear off slip below and return it to the school ONLY IF YOU DO NOT GIVE PERMISSION to use your son’s or daughter’s photograph for publicity purposes. If we do not receive this tear off slip by on the first day of school, we will assume you are in agreement with FirstPoint School using your son or daughter’s photograph on our educational materials.**

Yours sincerely

**Matthew Tompkins**

**Principal and CEO**

**----------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Please return to the Parent Relations Executive or Main reception, if you DO NOT wish your child’s photograph to be used in school educational material.**

|  |  |
| --- | --- |
| Student Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |