



Avila College

A leading Catholic secondary college for girls

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ANNUAL PHOTOGRAPH/VIDEO PERMISSION FORM

Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

STUDENT'S FULL NAME: _____ **YEAR LEVEL:** _____

- I give permission for my child's photograph/video and name to be published in:
 - the school website and school publications
 - social media
 - promotional materials
 - newspapers and other media.
- I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

Licensed under NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent / Guardian _____

Signed: Parent/Guardian _____ **Date:** _____

If Student is aged 15+, student may also sign:

Signed: Student _____ **Date:** _____

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

OFFICE USE Date of Photograph/Video: (month & year)	
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