



Brentway Academy

MEDIA/PHOTO RELEASE PERMISSION FORM:

I, _____ give permission for my
child, _____ to be photographed at
Brentway Academy for the following purposes:

(please circle)

- | | |
|--|----------|
| <input type="checkbox"/> Individual Portfolios | YES / NO |
| <input type="checkbox"/> Newspaper Articles | YES / NO |

(Child's name will not be released to the media)

- | | |
|--|----------|
| <input type="checkbox"/> Individual Artwork | YES / NO |
| <input type="checkbox"/> School Recitals & Functions (photos/video) | YES / NO |
| <input type="checkbox"/> School Photos | YES / NO |

(Child's surname is provided to photo company and printed under the class "Group" photo)

- | | |
|---|----------|
| <input type="checkbox"/> Graduation Photos | YES / NO |
| <input type="checkbox"/> Individual Memories on CD | YES / NO |
| <input type="checkbox"/> Photographic images of school events & activities | YES / NO |
| <input type="checkbox"/> Official printed or electronic publications for the school | YES / NO |
| <input type="checkbox"/> Students (University & college placement) | YES / NO |
| <input type="checkbox"/> Parents attending Brentway Academy functions (photos/video) | YES / NO |

SIGNED

DATE