



## Personal Information – Consent Form

Pupil Name:		Class:	
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Please confirm/decline your consent in each of the sections below:

### Section 1: Taking and Using Photographs

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) I am happy for photos of my child to be used within internal displays  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I am happy for photos of my child to appear in the School newsletter   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I am happy for photos of my child to be used on the School website and publications through the School social media                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I am happy for photos of my child to be used in the School prospectus and other printed publications that the School produces for promotional purposes | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 2: School Publicity & Marketing Material

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) I am happy to receive the School newsletter  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I am happy to receive information about wider school events and other promotional materials produced by the School | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 3: Other consent not relating to the use of personal information

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) I am happy for my child to participate in off-site educational visits which take place within the school's 'educational area'. | <input type="checkbox"/> | <input type="checkbox"/> |

### Changing your consent in the future

If you change your mind about consent, you can withdraw your consent at any time by emailing [school@edinburgh.waltham.sch.uk](mailto:school@edinburgh.waltham.sch.uk).

Parent/Carer Signature:		Date:	
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