Throughout your child’s schooling there will be many ‘media moments’ that will occur relating to school programs, activities or events.

We are seeking your cooperation to allow your child to be photographed (with or without his/her name published as a student of Bendigo Special Developmental School), to be filmed for Assessment & Teaching, or to have his/her image included as part of a digital school presentation and wider media community.

I hereby give my consent, as indicated below, for the remainder of my child’s schooling. I will notify the school of any changes.

Yes, I hereby give permission for my child’s photograph and Christian name to be included in the school, classroom or unit newsletters.

Parent/Guardian signature ___________________________ Date: ______________

Yes, I give permission for my child’s photograph and full name to be used by the print media to highlight school activities. For example photos and article about ‘Footy Day’ in the Advertiser.

Parent/Guardian signature ___________________________ Date: ______________

Yes, I give permission for television media or school to video my child participating in school activities to be viewed by the wider community. For example video footage about ‘Book week’ on Win News.

Parent/Guardian signature ___________________________ Date: ______________

Yes, I give permission for my child to be filmed for educational use within the school. For example recording students completing tasks using a digital camera to be used in digital portfolios.

Parent/Guardian signature ___________________________ Date: ______________

Yes, I hereby give permission for my child to use the internet for classroom activities with staff supervision. For example searching for pictures of mini-beasts on the website ‘google.com.au’

Parent/Guardian signature ___________________________ Date: ______________

Yes, I hereby give permission for my child’s photograph, video, Christian name or work samples to be posted on the DEECD’s secure Ultranet system for only Bendigo S.D.S staff, students and families to access.

Parent/Guardian signature ___________________________ Date: ______________

INTERNET USAGE ETHICS STATEMENT AND GUIDELINES CONSENT FORM

I have read the school’s Internet Usage Ethics Statement and Guidelines and understand its contents. My signature below means that I understand the guidelines of the school’s Internet Usage Ethics Statement and Guidelines.

Name of Student: _____________________________________ Date: ______________

Parent(s) or Guardian(s) Signature: ________________________________

Name of Parent(s) or Guardian(s): ______________________________________