At Eastern Goldfields ESCwe aim to offer your child the widest range of learning opportunities. This form asks you to consent (or otherwise) to your child’s access to several aspects of the school program.

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| **MEDIA CONSENT**  Children’s images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.  Yes, I give consent to my child to have his/her image and/or work published as described above.  No, I do not give consent.  In addition, see Appendix F of the [Student’s online policy.](http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/students-online.en?oid=au.edu.wa.det.cms.contenttypes.Policy-id-3784406) |

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| **VIEWING CONSENT**  Children often watch videos and documentaries as part of their learning. These are usually ‘G’ rated, though very occasionally something with a ‘PG’ rating may be viewed as part of the learning program.  Yes, I consent to my child viewing items with a ‘PG’ rating if deemed suitable by the teacher and school administration.  No, I do not give consent. |

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| **LOCAL EXCURSIONS**  Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.  Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.  No, I do not give consent. |

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Class/Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person signing the consent form:

Title: \_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate relationship to the student (e.g., parent/guardian/responsible person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_