



JFS PHOTOGRAPHIC CONSENT FORM

Please print in strong black ink

1 Student Details

Surname	Forename	M	F	Date of birth	Year Group

2 Use of photographic images

- Please read the terms of use of photographic images below.
- If you agree to these terms please tick the box below, in Section 3.

TERMS OF USE OF PHOTOGRAPHIC IMAGES TAKEN AT JFS OR ON A SCHOOL VISIT

Occasionally, we may take photographs of the children at JFS. We may use these images in our school prospectus or in other printed publications that we produce, as well as on our website, Facebook page or on display boards in school. We may also make video or webcam recordings

From time to time JFS may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Students will often appear in these images, which may appear in local or national newspapers, or on televised news programmes

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes

By completing the section on the parental consent/medical form you are confirming that:

1. We may use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on project display boards
2. We may use your child's image on our website and other Social Media
3. We may record your child's image on video or webcam
4. You are happy for your child to appear in the media

This permission will be valid for 7 years from the time that you sign, or for the period or time that your child attends the School. The permission will expire three years after your child has left the School. You are free to inform us at any time if you wish to withdraw your consent.

3 Declaration

I acknowledge the need for compliance with the JFS School Rules and responsible behaviour on the part of my child.

I agree to the terms of use for photographic images of my child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Date:	Name of Parent:
	Signature: