



# Peponi House Preparatory School

HEADMASTER: ROBERT BLAKE BSc Hons, PGCE

Child's Full Name:	Class:	Date of Birth:
I/we have read the School's policy on taking, using and storing images of children and agree that..		
The School may use our child's image on internal display boards within the school premises	Yes / No (Delete as appropriate)	
The School may use our child's image in material posted electronically	Yes / No (Delete as appropriate)	
The School may use our child's image in printed material	Yes / No (Delete as appropriate)	

I/we understand that professional photographers may be invited into the school and that notice of their presence will be given

I/we understand that this permission is valid for the duration of our child's time at Peponi House School.

I/we understand that I/we may revoke or amend this consent at any time by giving notice to the school via the Deputy Head Pastoral

I/we agree to adhere to the School's guidelines for the private use of cameras and other recording equipment.

Signature of parent: \_\_\_\_\_

Or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_