**SeeSaw Permission Form**

During the school day there are many opportunities to capture your child’s learning by taking a photograph and/or video. Photos/videos may be taken to capture children working together and in groups.

We are seeking your permission to share these photos/videos on Seesaw with members of your child’s class and sometimes with members of other classes.

 I **give** permission for my child’s photos and video recordings being taken and included on SeeSaw.

 I **give** permission for my child’s name to be included in SeeSaw posts where it relates to an article or story that recognises the student’s work and success.

 I **give** permission for my child’s work to be published on Seesaw.

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of parent or carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 I **do not** give consent to my child to be added to SeeSaw.

**Please return completed permission to the front office**