Release Form

I hereby authorise Centenary Heights State High School and/or its agents images, *video recordings, audio recordings, original materials of my son	s to make use of – *students name, *ye. /daughter (*delete if inapplicable).	ar level, *phot	ographic
Students Name:	Year Level:		
I agree that the material may be used in all formats and media, (eg: newsletters, school website, magazine and newspaper articles) as representations, reproductions or adaptations either complete or in part, alone or in conjunction with any wording or drawing, for all uses including advertising and commercial purposes without need for further consent or permission from me. This consent is for the duration of your son/daughter (*delete if inapplicable) enrolment at Centenary Heights State High School.			
		YES □	NO □
Signed by: Parent/Guardian	Date:		
Internet Access Agreement - Parent			
I give permission for my child to use the Internet for legitimate curriculum use. I understand that students breaking these rules will be subject to a access for some time.			
		YES □	NO 🗆
Signed by: Parent/Guardian	Date:		
Internet Access Agreement - Student			
I understand that the Internet can connect me to much useful information	stored on computers around the world.		
While I have access to the Internet: I will use it ONLY for educational purposes. I will not look for anything that is illegal, dangerous or offensive.			
If I accidentally come across something that is illegal, dangerous or offen (a) clear any offensive pictures or information from my screen; a (b) immediately, quietly, inform my teacher.			
I will not reveal home addresses or phone numbers - mine or anyone else.	e's.		
I understand that if the school decides I have broken these rules, appropriate may include loss of my Internet access for some time.	riate action will be taken.		
Student signature:	Date:		