



## Schools Media Consent Form

As principal, **I give / do not give** (please circle/cross out/remove incorrect option) permission for the students of my school to be photographed, filmed and/or video taped, for audio only, audio and visual and/or visual reproduction by the organisers of **bstreetsmart** for external publicity purposes and also for internal communications.

I have already collected permission from all parents/guardians.

School's Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

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

**Please fax or email completed form to:**

**Fax: 8890 8321**

**Email: chapin@bstreetsmart.org**

