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|  | **Parent Permission For Publishing**  **Photographs & Community Trips** | |
|  | Outlook & District Playschool  321 Franklin Street  Outlook SK S0L 2N0  Phone: 867-1844 |
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**Please list all family members attending playschool.**

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| **Student Name** |  | **Class** |  |
| **Student Name** |  | **Class** |  |

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| **The following permission is required in accordance with the**  **Local Authority of Freedom of Information and Privacy Act** |

**Parent/Guardian - Please initial beside your response to each item below**

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| **Publishing Pictures in Newspaper, Newsletter** | | |
| As a school we often take pictures, videos, etc. of our activities and special events which we provide to the local newspaper or our newsletter, website or private Facebook Page. | | |
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|  |  | **Yes**, I givepermission for the above mentioned. |
|  |  |  |
|  |  | **No**, I do notgive permission for the above mentioned. |

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| **Community** **Excursions** | | |
| Many learning opportunities happen within the community. The school would like to ensure that parents/guardians are aware that students may from time to time leave the school grounds during the school day. Students will be always under the direction of a teacher during such excursions and would be walking. Examples of such excursions would be to visit the Library, Museum, Post Office, Nursing Home.  Parents will be informed of excursions by the teacher before they occur.  I hereby consent that my child may be taken on community excursions authorized by the Parent Committee during the school year. | | |
|  |  |  |
|  |  | **Yes**, I give permission for the above mentioned. |
|  |  |  |
|  |  | **No**, I do not give permission for the above mentioned. |

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| **Parent/Guardian’s Signature** |  | **Date** |