

Authorisation for taking or using images or videos

Information of the mother, father or legal guardian of the student

Name and surname:

Id:

- I authorise Arimunani School to take pictures and / or video of my son(s) / daughter(s) with his/her classmates during school day activities, extracurricular activities or complementary activities in order to record/document the school activity.
- I authorise Arimunani School to take pictures and / or video of my son(s) / daughter(s) with his/her classmates during school day activities, extracurricular activities or complementary activities to hang in the classrooms or notice boards around the school.
- I authorise Arimunani School to take pictures and / or video of my son(s) / daughter(s) with his/her classmates during school day activities, extracurricular activities or complementary activities and use them to show the school activities, through the school web page, blog or facebook page, or a publication done in a timely manner in any media or brochure.

Student Information

1. Name and surname:

2. Name and surname:

3. Name and surname:

This authorisation is valid from the date in which it is signed until further notice, and will extend through the classes/years my children is enrolled in, at Arimunani School.

Signature of father, mother or legal guardian:

Date: