



TUMUT HIGH SCHOOL

PO Box 70 (Bogong Place), TUMUT 2720
Telephone: (02) 6947 0600 Fax: (02) 6947 2497
Email: tumut-h.school@det.nsw.edu.au Website: www.tumut-h.schools.nsw.edu.au
ABN: 88 642 283 311

PUBLISHING OF STUDENT INFORMATION

Tumut High School/Department of Education and Communities **may publish information about your child/children** for the purposes of sharing his/her/their experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

The information may include your child’s names, ages, class and information collected at school such as **photographs**, sound and visual recordings of your child, your child’s work and expressions of opinion such as in interactive media.

The communications in which your child’s information may be published include but are not limited to:

- Public websites of the Department of Education and Communities including the school website, the Department of Education and Communities intranet (staff only), blogs and wikis.
- Department of Education and Communities publications including the **school newsletter**, annual school magazines and **annual school report**, promotional material published in print and electronically including on the Department of Education and Communities’ websites.
- Official Department of Education and Communities and school media accounts on networks such as YouTube, **Facebook** and Twitter.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.



Permission to Publish

I have read the information about publishing student information and

I give permission

I do not give permission

for Tumut High School/Department of Education and Communities to publish information about my child/**children as listed below** in publicly accessible communications.

This permission remains effective until I advise otherwise.

Student Name

Year

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Parent / Caregiver Name: _____

Parent / Caregiver Signature: _____ Date: _____