

Details and Permission of Parent or Caregiver Publication of Photographs

Name of Student: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

- *I consent to the students' photograph being published in any Compact publication – e.g. Newsletter, Website, Brochure, Displays etc*

Signature of parent or caregiver

Student Signature

Date

Please return to Compact, Wagga Office: PO Box 51. Wagga Wagga, NSW, 2650.
Ph: (02) 6931 9300 Fax: (02) 6931 9301 Email: info@compact.org.au



Details and Permission of Parent or Caregiver Publication of Photographs

Name of Student: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

- *I consent to the students' photograph being published in any Compact publication – e.g. Newsletter, Website, Brochure, Displays etc*

Signature of parent or caregiver

Student Signature

Date

Please return to Compact, Wagga Office: PO Box 51. Wagga Wagga, NSW, 2650.
Ph: (02) 6931 9300 Fax: (02) 6931 9301 Email: info@compact.org.au

