

Use of Visual or Audio Content - 2017

Fill in this form only if you do **not** give the College permission to use visual or audio content in which your child(ren) appear(s).

I do not want visual or audio content of my child(ren) to be used by the College for any purpose.

Name(s) of child(ren)

Year and class

Signed (parent/guardian): _____

Date: _____

Please return to:
Vicki Davis
Mount Scopus Memorial College
245 Burwood Highway
Burwood, Vic, 3125

Or email to: vdavis@scopus.vic.edu.au