



# The Castle School

A SPECIALIST COLLEGE FOR COMMUNICATION & INTERACTION

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Headteacher Jon Hewitt

Deputy Caroline Whitlock

September 2018

## Annual Individual Pupil Photographs

Dear Parents and Carers,

At The Castle School our pupils have photographs taken by an external photographer for individual portrait photographs. The external photographer we are using is The School Photograph Company.

Please complete section 1 of the attached form and hand it to the school office if you want your child to have their photograph taken.

Due to new data protection regulations **if we do not have a signed copy of the consent then your child will not be photographed. The next visit for individual photographs will be Friday 19<sup>th</sup> October so please bring your form in beforehand if you wish your child to be photographed.**

The school will keep this consent on record and will inform you should we change external photographers in the future.

You have the right to withdraw consent at any time by emailing the school office where another one of these forms can be obtained and you will need to fill in section 2 instead.

The School Photograph Company privacy policy you can be accessed via their website; <http://www.schoolphotographs.co.uk/> .

Many thanks for your assistance

Jon Hewitt  
Headteacher

**PLEASE COMPLETE AND SIGN ONE OF THE SECTIONS BELOW AND RETURN THE WHOLE FORM TO THE SCHOOL OFFICE ASAP**

**Pupil Photographs**

**Section 1**

**Consent Given**

I give consent for \_\_\_\_\_ (insert child name) to have their photograph taken by The School Photograph Company for the purpose of individual portrait photographs.

I understand The Castle School will inform me should the external photographer change in the future.

I understand this consent form will last for as long as my child is a pupil at The Castle School.

I understand I can withdraw my consent at any time by contacting the school office to obtain a copy of this form and follow the instructions in section 2 of this form.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_

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**Section 2**

**Consent Not Given**

I do not give consent for \_\_\_\_\_ (insert child name) to have their photograph taken by The School Photograph Company for the purpose of individual portrait photographs.

I understand my child will not be photographed by The School Photograph Company for the purpose of individual portrait photographs for any future dates while my child is a pupil at The Castle School.

I understand if I change my mind I can contact the school office to obtain a copy of this form and follow the instructions in section 1 of this form.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_