



# Opt out form

THIS FORM MUST BE RETURNED AT LEAST 5 WORKING DAYS BEFORE THE EVENT

Name of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Class/ Year group: \_\_\_\_\_

I do not want my child to be included in any photographs or videos at this event.

Signed parent: \_\_\_\_\_

Date: \_\_\_\_\_

The school will contact you to agree arrangements for this event. Please provide a contact below.

Contact number: \_\_\_\_\_

FOR OFFICE USE:

Action taken by the school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_