



Holy Heart of Mary High School

International Baccalaureate

<http://www.holyheart.ca>

R. Brake B.Sc., B.Ed., M.Ed.
Assistant Principal

S. Barry, B.A., B.Ed., M.Ed.
Principal

F. Higdon, B.Sc., B.Ed., M.Ed.
Assistant Principal

J. Furlong-Mallard M.Ed., Registered Psychologist
Guidance

B. Perry M.Ed., School Counsellor
Guidance

To: Parents/Guardians/Graduates

From: Holy Heart Administration

Date: June 9th

As you are aware from previous correspondence, we will be hosting a school leaving event on Thursday, June 24th. We would like to offer a professional photographer during the event, free of charge, in which grads can have a picture taken and available for download. To do this, we do require consent from both the parent/guardian and graduates. Details related to the distribution of pictures are as follows:

Website: Pixieset.com

Password Protected: Yes, Password and downloadable PIN. Note: Each group will have a single password to access the photos of that ENTIRE group.

Length of Availability: Posted on Site: July 2nd. Expiry time for download: July 23rd.

It is important to note that your picture will be available for download by all the members of that graduate group.

Photography Consent Form:

I, _____, the parent or legal guardian of _____ (child) grant Amanda Sesk (Photographer) my permission to use the photographs for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I also hereby grant permission to Amanda Sesk to photograph my child, and capture his/her image and grant Amanda Sesk the right to reproduce, use, exhibit, display, broadcast and distribute these images for promoting, publicizing, educational and research purposes. Photographs are the property of Amanda Sesk.

I fully understand and acknowledge that my child's photograph will be available at the noted website for download, and that ALL graduate students in my grouping cohort will have access to my child's photograph(s). Any distribution of these photographs thereafter is not the responsibility of Amanada Sesk, Holy Heart High School, or the NLESD.

Student Full Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Full Name (print): _____

*I hereby grant permission for my child to be photographed based on the terms and conditions listed above

Parent/Guardian Signature (If child is under the age of 18): _____

Date: _____