P7 leavers photo shoot			
Please complete the details below	w and return within the r	next 5 days. Thank you.	
Pupil's Name			
I give my permission for my child/children to be photographed by MDPICS			Yes No
Parent/Guardian Name		Signature	Date
Telephone	Email		
MDPICS sometimes chooses certain images to be u Please tick this box if you do not wish your childs im-			all images remain the copyright of MDPICS. a copy of our certificate has been lodged with the Headteacher.

Consent is assumed for all pupils to participate in a CLASS,GROUP or SCHOOL photograph unless the school has been told otherwise.

SHO C JUNE PH0 工 E R > ΕV NDA _ Θ Σ

LEAVERS P CAPTURING

