



ATOD PERMISSION/CONSENT FORM

Granting permission for students' photographs to be used by ATOD

Student's Name

Date of Birth Phone No Mobile No.....

Name of Parent or Guardian

AddressPostcode

Dance School.....

I give permission for ATOD to use my child / student's photograph, without payment or reward, should it be selected, on the ATOD website and/or any other promotional activities that may arise from time to time for ATOD. The child's name and the name of the school will not appear. I do not require ATOD to consult with me prior to the use of my child / student's photograph.

Parent or Guardian's Signature.....Date.....

Student's SignatureDate

School's signature per Principal or Teacher Date

Australian Teachers of Dancing Ltd
PO Box 3005, Loganholme Qld 4129

Email: admin@atod.net.au
Tel: 1800106227 (Aust. Only)
Tel: +61 7 32002198 (International)
ACN: 051 244 510
RTO No. 31624
Patron: Justine Summers