



**NZALT**

Te Rōpū Kaiwhakaako  
Reo o Aotearoa

New Zealand Association  
of Language Teachers

## CONSENT FORM – film

Permission to allow NZALT to use the 2024 Languages Week class film in which your child appears for promotional purposes and on their website.

**THIS CONSENT MUST BE FILLED OUT AND SIGNED BY THE PARENT OR LEGAL GUARDIANS OF THE PERSON NAMED BELOW IF THAT PERSON IS UNDER THE AGE OF 18 YEARS.**

### 1. Personal Details of the person in the film. *(Please print)*

Name

School

Age

### 2. CONSENT (To be filled in & signed by the parent or legal guardian for children under the age of 18.)

I, give the New Zealand Association of Language Teachers (NZALT) permission to use the film of the person detailed above.

Signature Email

Date