Dear Parents/Guardians,

Students may at times be filmed or photographed during school events. Please fill out the consent form to allow your child’s picture to be used for school publications or displayed on our website. Please sign and return this form to your child’s school.

Thank you.

Student Name: ________________________________________________________________

School: ________________________________________________________________

Parent Name: (please print) ___________________________________________________

Parent Signature: __________________________________________________________

Date: ___________________________ Telephone Number: __________________________