Throughout the school year, photos or videos may be taken of your child in the classroom or during school activities. If you do not want your child photographed please complete this form.

Name of student  ________________________________________________________________________
Name of school  _________________________________________________________________________
Name of parent/guardian  _______________________________________________________________

__________________________________________________ ______________________________
Signature of parent/guardian      Date

Please complete and return this form to your child’s school if you DO NOT want the District to publish your child’s photo.