



Media Exclusion Form

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.

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

Name of student _____

Name of school _____

Name of parent/guardian _____

Signature of parent/guardian

Date