John L. Edwards Primary School

MEDIA PERMISSION FORM (OPT-OUT)

Dear Bluehawk Parent/Guardian,

Throughout the school year, your child(ren) may be photographed during a classroom project, assembly, or field trip, or may be video recorded as part of a concert or other special school event. As part of the district's efforts to recognize student achievement and share school activities with our community, these photographs may be used on the district's website, social media pages, in school publications, or released to the media.

If you **DO NOT** want your child's photo and/or name used, please fill out this form and return it to the school's main office **by October 1, 2017.**

If it is acceptable for the district to use your child's photo and/or name to share student achievements or school activities, no response is necessary. This form should only be returned if you **DO NOT** want your student's photo and/or name used.

If you have any questions or concerns, please contact the main office at 828-4360, ext. 4317. Thank you.

Sincerely,	
Steven Spicer Principal	
I do <u>NOT</u> give permission for my child,	, to be
(Student's Name)	
photographed or video recorded for educational and/or educationally-related pu	irposes.
I do NOT give permission for my child,	, to have
(Student's Name)	
his/her name published for educational and/or educationally-related purposes.	
may not name published for educational analyst educationary related purposes.	
Parent/Guardian Name:	
(Please print)	
Parent/Guardian Signature	Date