PHOTO Release

Parents/Guardians,

Throughout the year, I will be taking pictures of your student completing various classroom assignments, participating in discussions and games, and partaking in other fun events within our school.

Please sign this form to give your permission for your student’s photo to be taken and posted on our classroom webpage. Please be aware that your child’s photo will **NEVER** be posted anywhere besides our personal classroom webpage.

Please contact me with any questions or concerns. Thank you!

* I consent to have my child’s photo taken to be placed on our classroom website.
* I do NOT want my child’s photo taken to be placed on our classroom website.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_