



# Photograph/Videotape Permission Form

I give permission for my child \_\_\_\_\_,  
who attends \_\_\_\_\_  
School in \_\_\_\_\_, to have  
photographs or videotape taken that may or may not be  
used in the newspaper, district publication, district website  
or for other purposes such as those listed below:



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Signature of Parent  
or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Please return this form to: \_\_\_\_\_