



Appoquinimink School District

CONSENT FORM

STUDENT PHOTOGRAPHS, VIDEOS, QUOTED MATERIAL

From time to time, the Appoquinimink School District receives requests from the media to publicize its educational programs and student activities. In addition, your student's teacher and/or district officials appreciate the opportunity to photograph, quote and videotape our students for use in the district/school newsletter, calendar, website and other promotional or training/education materials. We ask for your consent to allow your student(s) to participate if and when this should happen.

I hereby authorize the Appoquinimink School District to photograph, videotape or film my student, or permit the media to photograph, videotape or interview him or her. I also authorize permission for the Appoquinimink School District to use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with my student's experience with the Appoquinimink School District.

I understand and agree that the Appoquinimink School District and its employees will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape or photograph may be used.

PLEASE PRINT

- I Do
 I Do Not Wish to give my consent to this request

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please bring the completed form, together with other registration information, to the school your student will be attending. Be sure to call in advance to schedule an appointment.