



Serving people with disabilities since 1953

Photo Consent

Student Name: _____

D.O.B: _____

Please read carefully and complete this form.

PHOTOGRAPH CONSENT

I give permission for my child to be photographed for public relations purposes. I agree to allow these photos, films, or videotapes to be used in (newspapers, slide presentations, displays, TV, Face Book, C.P.N.J Flyers/Brochures) or any other media the school deems necessary.

_____ YES, My child photograph may be used as stated above.

_____ NO, My child may NOT be included as stated above.

IN SCHOOL PHOTOGRAPHS

I give permission for my child to appear in photos, films, or videotapes to be used for IN-SCHOOL purposes. This includes bulletin boards, video of school special events, etc.

_____ YES, My child photograph may be used as stated above.

_____ NO, My child may NOT be included as stated above.

Signature of parent or guardian

Date