

MEDIA RELEASE FORM

2010/2011

Student's name _____ **Grade level next year** _____

Please **INITIAL** each statement with which you agree.

_____ I give permission for my child's name to appear in school publications, area newspapers, and on the school website.

_____ I give permission for my child's photograph to appear in school publications and area newspapers.

_____ I give permission for our family's address and phone number to be included in the school directory and given to other school families.

Or, you may select the following:

_____ I do not want personal information regarding my child to be released.
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I understand that the school photographer may occasionally capture my child's picture in the class, at recess, or on a field trip and these action shots may be included in the MZ web photo gallery. I understand that my child will not be identified by name in any of these action shots.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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