

OFFICE OF THE SUPERINTENDENT

Student Photo / E-mail Release Form

September 9, 2011

Dear Parents/Guardians:

Throughout the year school activities are often photographed by the professional staff and by media photographers. Parents/guardians need to be aware that pupils may be photographed during events conducted at the school as part of general media reporting of such events. District policy does provide for parents/guardians to exclude publishing photographs by media and staff. District policy requires parents/guardians whom opt to exclude their child from such pictures must submit a written request.

Name of Student: _____

School: _____

Name of Parent or Guardian: _____

We/I understand that a photograph of our daughter/son is under consideration for publication by the Byram Township School District. This publication will take the form of the following options:

- School Newsletter ----- Distributed to Byram residents
- Press/News Release ----- Distributed to newspapers for general publication
- Video ----- Viewed in-school only
- Cable TV ----- Local cable only
- Internet ----- Student pictures/work identified with initials only

We/I further understand that the photograph will not appear after express written permission has been granted. No home address or telephone number will appear with such work. All photo/information release forms will be kept on file in the principal's office for one calendar year.

We grant permission for : (Please circle each area)

School Newsletter	YES	NO	Video	YES	NO
Press/News Release	YES	NO	Cable TV	YES	NO
Internet	YES	NO			

Publishing as described above until July 1 of 2012: _____

Parents/Guardians Signature

(continued on back)

This school year we would like to publish a Byram Township School Student Directory. All students listed in the directory will receive a copy when published. Please complete the information below if you wish to be included in this directory. **PLEASE PRINT LEGIBLY**

Name _____ Address _____
Home Room _____ Home Phone No. _____
Teacher _____ E-mail Address _____
Grade _____

I give permission for my child's information to be published in a Byram Township School Student Directory.

YES NO

Parents/Guardians Signature Date

I would like to receive school notifications/communications via e-mail. YES NO

E-mail address _____

Parents/Guardians Signature Date