



➔ ➔ STUDENT NAME _____ GRADE: _____

Please complete this form and return it to the office at your child's school.

PERMISSION TO PHOTOGRAPH

I grant permission for Leslie Public Schools to photograph and/or videotape my child and my child's work as part of the educational program produced by the district. This may include, but not be limited to, newsletters, media releases, and website information. I understand that my child's image, name, school, and grade may be revealed, but that no other information about my child will be revealed without my prior consent. Photos may be taken at various times throughout the year without advance notice.

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION

I grant permission for my child to participate in field trips sponsored by Leslie Public Schools, which will take my child away from the school premises. I understand this approval is for the school year and I will be notified by my child's teacher prior to each field trip.

Parent/Guardian Signature

Date

MOVIE PERMISSION

I grant permission for my child to view no higher than PG rated movies at Woodworth Elementary and the Middle School or no higher than PG 13 rated movies at the High School, which match the planned instructional purpose of the classroom.

Parent/Guardian Signature

Date