

# Parent Consent for Student Art Exhibit Photography

Student Name:

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School Name:

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Grade:

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Parent/Guardian Name:

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## Consent Statement

I give permission for my child's artwork and/or photograph to be taken during the Student Art Exhibit and to be used by the school for educational, promotional, or display purposes, including but not limited to publications, presentations, and online platforms.

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I give my consent

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I do not give my consent

Parent/Guardian Signature:

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Date:

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Contact Information:

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