

Student Photo/Video Permission Form

Student Information

Student Name

Grade/Class

School Name

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Permission

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I give permission for my child to be photographed and/or videotaped during school activities.

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I do NOT give permission for my child to be photographed and/or videotaped.

Purpose/Usage (events, publications, website, etc.)

Note: These images/videos may be used for school newsletters, website, social media, and other educational or promotional materials.

Signature

Date

