

Date: \_\_\_\_\_

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

Parent/Guardian\* Signature: \_\_\_\_\_

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**For Students:**

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

Student Signature: \_\_\_\_\_

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.