

BRICK TOWNSHIP PUBLIC SCHOOLS
BRICK, NEW JERSEY

WEBSITE PERMISSION

We are sending you this parental consent form to inform you and to request permission for your child's photo/image and personally identifiable information to be published on the district and/or school website.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we, as schools, do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the principal of your child's school. Such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/WE GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or district's public internet site.
- I/WE DO NOT GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or district's public internet site.
- I/WE GRANT permission for this student's photo/image **and name** to be published on the school and/or district's public internet site.
- I/WE DO NOT GRANT permission for this student's photo/image **and name** to be published on the school and/or district's public internet site.

Student's Name: _____ Grade of Student: _____
(Please Print)

Parent/Guardian: _____
(Please Print)

Parent/Guardian: _____
(Signature)

Relationship to Student: _____

Date: _____

BRICK TOWNSHIP PUBLIC SCHOOLS
Brick, New Jersey

MEDIA PERMISSION

Please fill out the form below, indicating that permission of the parent/legal guardian is given for the student's picture and/or name to appear in these media presentations: BTV, Channel 20, local newspapers or radio. This permission can be modified or rescinded at anytime by written request from parent or guardian.

If you have any questions, or require any additional information, please feel free to contact Central Administration, at 732-785-3000 EXT 1022.

PLEASE RETURN TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL.

Student's Name: _____ Student's Grade: _____
(Please Print)

Parent/Guardian: _____
(Please Print)

Parent/Guardian: _____
(Signature)

Please check one.

- I/We GRANT media permission for this student to participate in activities that may be covered by the media.
- I/We DO NOT GRANT media permission for this student to participate in activities that may be covered by the media.

Parent/Guardian: _____
(Signature)

Relationship to Student: _____

Date: _____