

HORTONVILLE AREA SCHOOL DISTRICT MEDIA RELEASE FORM

At the Hortonville Area School District, we like to share the wonderful things happening at our schools with the community. As a result, we encourage the promotion of our activities through different media types. In order to include your child in such opportunities, we need your permission.

As legal guardian of _____, I (check one)
(Child's first & last name)

_____ GIVE my consent

_____ DO NOT give my consent

for my child to be photographed or video taped while participating in programs in the Hortonville Area School District which may appear on TV, in the newspapers or on the Internet.

I understand that the photos or videos of my child would be used to demonstrate classroom procedures to parents and other professionals, promote learning in the classroom or share events of the Hortonville Area School District with the public.

Signature of Parent/Guardian

Print Name

Relationship to Child

Date

This signed form will be valid and remain on file as long as your child attends the Hortonville Area School District. If circumstances change, please inform your child's current school office.

PLEASE NOTE: Your signature on this Media Release Form overrides any "opt-out" information you have submitted regarding photographs and video tapes of your child (including #9 Student's photograph of the "Request to Withhold Directory Data/Information")