PHOTO PERMISSION FORM

Child's Name:_____

Please read each section carefully and check off yes or no.

I give permission for my child to be **photographed and/or videotaped** during school activities. I understand the photos/video recordings may be used in your child's classroom **to be published on the GDRSD/Boutwell Website.**



× **Yes** × **No**

I give permission for my **child's artwork to be published on the GDRSD/Boutwell Website and.** We believe that sharing of student work on the web site presents an exciting and enriching opportunity for our school community. We do not accompany this work with identifying information about the students.



× **Yes** × **No**

I give permission for my **child's photograph to be published on SeeSaw.** We do not accompany these images with identifying information about the students.



× **Yes** × **No**