

# *Sayreville Public Schools*

P.O. Box 997, Sayreville, New Jersey 08872

September 2006

Dear Parent/Guardian:

There may be occasions during the school year in which we will have newspaper or video coverage of activities and events in which your child may be participating. Therefore, it is important that we know your wishes regarding the photographing of your child during any of these activities.

Please indicate below your wishes regarding your child.

Sincerely,

Elementary Principals

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Please return this form to your child's teacher.

\_\_\_\_\_ I will allow my child to be photographed for a news release or video.

\_\_\_\_\_ I do not wish my child to be photographed for a news release or video.

PARENT SIGNATURE \_\_\_\_\_