



The Massachusetts School of Science, Creativity and Leadership

PARENTAL PERMISSION TO PHOTOGRAPH

Child(ren):

Name: _____

Birthdate: _____

Male Female

Name: _____

Birthdate: _____

Male Female

Name: _____

Birthdate: _____

Male Female

Address: _____
Street City State Zip Code

I give my permission for my child(ren) to be photographed, videotaped or quoted for school purposes to inform the community about school activities through school corridor displays, school bulletins, or community newspapers.

Yes No

I give permission for my child(ren) to be photographed, videotaped or quoted for school purposes to inform the community about school activities via the school website. (Photos or schoolwork only. Names will NOT be used.)

Yes No

Signature of Parent/Guardian

Date

Updated 8/24/16