

SEMINOLE COUNTY PUBLIC SCHOOLS
EARLY CHILDHOOD EDUCATION PRESCHOOL

LAKE BRANTLEY HIGH SCHOOL

PLEASE PRINT

Student _____ Date of Birth ____/____/____
Last First Middle

Home Address _____
Number and Street Name Apt. Number City Zip Code

I _____, parent of _____, give
permission for my child to be photographed and video taped while in
preschool. Pictures may be used in the preschool yearbook, the high school
yearbook, parent conferences, classroom use, news reports, and newspapers.

I do not give my permission for my child to be photographed or taped.

Print name

Signature

Date

PERMISSION TO PHOTOGRAPH AND VIDEO TAPE