

Video-Taping/Photography Permission Slip

Delaware Valley School District

Student's Name: _____

Grade: _____

YES

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I hereby give permission for my child to be videotaped and/or photographed in the school setting. It is my understanding that such videotaping will be for educational and training purposes only. Photographs may be used in the school related publications/school website and/or local newspaper(s). I may revoke this permission at any time by sending a letter to the school office.

Parent/Guardian Signature

NO

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

Parent/Guardian Signature

Please sign and return to your child's building.