

~ OFFICE ~ Staff Use Only	Student ID#:	Grade:	Homeroom Teacher:	Program Type <i>(Circle One)</i>	
				SIP	TEP
These Selections Have Been Posted in (PowerSchool) by Data Mgr. - Ms. P. Rudd on: ___/___/___ Data Manager's Initials: _____					

**GUILFORD
County Schools**
Parent Consent

School Year 2020-2021

Please sign and return this consent form to your child's teacher. There are two different items that require your signature – photo consent and directory information. For each item, please sign consent or no consent. Please return this completed form to your child's teacher. Thank you for your assistance.

At various times during the school year, school representatives, Guilford County Schools (GCS), partners/vendors of GCS and a variety of media outlets request permission to film, video tape and photograph in our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products.

If you consent and grant permission for your child's likeness or work products to be used/featured by your school, GCS/its partners or electronic/media, please sign in the appropriate space below.

(1) Photo Consent:

I do consent and allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media. I also allow my child's work product to be featured by GCS (this will include the school yearbook).

PLEASE:
Choose, Sign &
Date **ONLY - 1**

Child's Legal Name (Printed) _____ Parent/Guardian's (Signature) _____ Today's Date (MM/DD/YY) _____

No Photo Consent: I do NOT consent nor allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media (this will include the school yearbook).

Child's Legal Name (Printed) _____ Parent/Guardian's (Signature) _____ Today's Date (MM/DD/YY) _____

(2) Directory Information Consent:

I do consent and allow the district to release directory information on my child. Directory information includes the student's name, place and date of birth, major course of study, participation in sports and other official school activities, height and weight if an athletic team member, date of graduation, dates of attendance (date of enrollment through date of withdrawal or graduation), degrees and awards.

PLEASE:
Choose, Sign &
Date **ONLY - 1**

Child's Legal Name (Printed) _____ Parent/Guardian's (Signature) _____ Today's Date (MM/DD/YY) _____

No Directory Information Consent: I do NOT consent nor allow the district to release directory information on my child.

Child's Legal Name (Printed) _____ Parent/Guardian's (Signature) _____ Today's Date (MM/DD/YY) _____

**** (Please answer the following specifically for Jones Elementary School) ****

**Check your - 4
choices and
Then Sign & Date**

1. My child's picture may be in the Jones Yearbook	_____ Yes	_____ No
2. My child's picture may be on the Jones School Website	_____ Yes	_____ No
3. My child's picture may be used by PTA on the Facebook page	_____ Yes	_____ No
4. My child is allowed to have Internet Access this school year	_____ Yes	_____ No

Child's Legal Name (Printed) _____ Parent/Guardian's (Signature) _____ Today's Date (MM/DD/YY) _____

