



Publication Release Form

2009 – 2010 School Year

Date: _____

Dear Parent,

The Newpoint Schools administration team may select your child's picture, movie, sound recording, or classroom work to be included in Newpoint Schools communication materials. If selected, any use of your child's picture, movie, sound recording, or classroom work will only identify your student by first name. Please complete this form and return it to the school.

Please select one of these statements:

_____ **YES**, I will allow my child's picture, movie, sound recording, or classroom work to be included in Newpoint Schools communication materials.

_____ **NO**, I will not allow my child's picture, movie, sound recording, or classroom work to be included in Newpoint Schools communication materials.

Student Name _____

Student Signature _____

Parent Name _____

Parent Signature _____