



**Boone County Schools**  
***Permission to Videotape/Photography/Publish***  
**2016-2017**

**PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.**

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, publishing pictures in yearbooks, event programs and newsletters, or on the school or District Web site.

Please review this form carefully, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during the special occasions when other parents may take pictures or may tape the event.

**Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.**

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*As the parent(s)/guardians(s) of \_\_\_\_\_, I/we give the*  
*Student's Name*

*Boone County School District permission to release my/our child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.*

Name of Parent(s)/Guardian(s) *(Please print.)* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal/Designee's Signature* \_\_\_\_\_  
*Date*