

HARDYSTON SCHOOL DISTRICT STUDENT PUBLICITY CONSENT FORM

Student's Name (*please print*) _____ Student's Grade _____

Check One: Hardyston Elementary School Hardyston Middle School

Print Name of Parent/Guardian _____

Relation to Student _____

Parent/Guardian Phone Number:
(day) _____ (evening) _____

CHECK ONE:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
I GRANT PERMISSION TO USE MY CHILD'S FULL NAME AND/OR PHOTO IN NEWSPAPERS, ON THE INTERNET, IN THE ANNUAL YEARBOOK AND AT PUBLIC PRESENTATIONS (BOARD OF EDUCATION MEETINGS, DISTRICT DISPLAYS, INTERVIEWS, ETC.) FOR THE HARDYSTON SCHOOL DISTRICT'S PURPOSES ONLY.	I DO NOT GRANT PERMISSION TO USE MY CHILD'S FULL NAME AND/OR PHOTO IN NEWSPAPERS, ON THE INTERNET, IN THE ANNUAL YEARBOOK AND AT PUBLIC PRESENTATIONS (BOARD OF EDUCATION MEETINGS, DISTRICT DISPLAYS AT CONFERENCES, INTERVIEWS, ETC.) FOR THE HARDYSTON SCHOOL DISTRICT'S PURPOSES ONLY.

Signature of Parent/Guardian _____

Date _____

NOTE: *This form will carry forth until your child graduates from the Hardyston School District. If you wish at any time to change the status, you must notify us in writing of your change of permission status.*