



## SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT

My Child: \_\_\_\_\_

Teacher: \_\_\_\_\_

### **Photo Approval**

I give permission for school staff to take photographs of my child taken in a school setting or activity and use them within the school building:    Yes \_\_\_\_\_    No \_\_\_\_\_

I give permission for school staff to use photographs of my child taken in a school setting or activity for use on the District's website or other media in stories or events regarding the school:

Yes \_\_\_\_\_    No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Approval for Information Sharing with PTO**

I give my permission for my mailing address/email address to be shared with the Undermountain PTO to enable them to contact me for fundraising events/activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_