



Phone: 315-841-3900

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PHOTO RELEASE

Dear Parent/Guardian:

Please sign below, giving Waterville Central School District permission to photograph your child and use the image for promotional purposes. (This may include print publications, television, district newsletters and the Waterville Central School's website. This does **not** include the Academic Union.) Your permission will assist us in promoting Waterville's educational program. Thank you.

RELEASE FORM

_____ YES, I have read the above information and Waterville Central School District has my permission to use my child's pictures in publications and/or participate in radio/television coverage of Waterville's programs to promote educational activities.

_____ NO, Waterville may **NOT** use my child's photograph to promote educational activities.

If we do not receive a PHOTO RELEASE FORM by _____, your child will be added to the DO NO PHOTOGRAPH list.

Student's Full Name (Print)

Grade

Parent/Guardian Signature

Date