

**GATEWAY REGIONAL HIGH SCHOOL
PARENT PERMISSION FORM
PUBLISHING ON THE WORLD WIDE WEB
STUDENT PHOTOGRAPHS/STUDENT WORK**

Student: _____

Gateway Regional High School is striving to maintain a high level of security for your child regarding the web site development and district publications. We wish to use individual photos or group photos on our web site and/or district publications. At times we may wish to identify your child in a photo. Only names, no personal information such as home address or phone number, will be published. In addition, as part of our food service computerized debit system, your child will be photographed. Please see enclosed document.

Student

_____ I do give permission for my photo to be featured in district publications (**local newspapers/community newsletter**).

_____ No. I do not give permission for my photo to be featured in district publications (**local newspapers/community newsletter**).

_____ I do give permission for my photo or other illustrating materials to be featured **on the Internet**.

_____ No. I do not give permission for my photo or other illustrating materials to be featured **on the Internet**.

Date

Student Signature

Parent

_____ I do give permission for my child's photo to be featured in district publications (**local newspapers/community newsletter**).

_____ No. I do not give permission for my child's photo to be featured in district publications (**local newspapers/community newsletter**).

_____ I do give permission for my child's photo or other illustrating materials to be featured **on the Internet**.

_____ No. I do not give permission for my child's photo or other illustrating materials to be featured **on the Internet**.

Date

Parent/Guardian Signature

I understand that the Family Educational Rights and Privacy Act, 20 U.S.C. ~ 1232g, prohibits the disclosure of any education record regarding my child without my written consent. Your approval will cover the full time your child is enrolled at Gateway Regional unless changed through written parental consent.

Date

Student Signature

Date

Parent/Guardian Signature