

PHOTO PERMISSION

Child's Name: _____

*This form will be considered accurate and current for the entire time your child is enrolled in ELP. If at any time, you wish to change the information, please contact your child's teacher.

<u>Yes</u>	<u>No</u>	<u>Activities</u>
<input type="checkbox"/>	<input type="checkbox"/>	Social Stories (Social Stories including your child's photograph will be shared with other classmates)
<input type="checkbox"/>	<input type="checkbox"/>	Publicity Photographs
<input type="checkbox"/>	<input type="checkbox"/>	Group photo for school website (Students will not be identified by name)
<input type="checkbox"/>	<input type="checkbox"/>	School Bulletin Boards
<input type="checkbox"/>	<input type="checkbox"/>	Teacher Blog
<input type="checkbox"/>	<input type="checkbox"/>	To be included in yearbook
<input type="checkbox"/>	<input type="checkbox"/>	Share parent contact information with other ELP families. (emails and phone numbers)
<input type="checkbox"/>	<input type="checkbox"/>	Photo on an assistive technology device.

Signature of Parent/Guardian: _____ Date: _____