



Barack Obama Elementary School

176 William Street
Hempstead, NY 11550

Rozella Fibleuil *Principal* Mádeline Báez *Assistant Principal* Jessica Verene *Dean of Students*

School Photo Release Form 2025-2026

STUDENT INFORMATION:

Student's First Name: _____ Last Name: _____

Grade: _____ ID Number: _____ Teacher's Name: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Relationship to Student: _____

Contact Email: _____

Contact Phone Number: _____

CONSENT FOR SCHOOL PHOTOGRAPHY:

I, the undersigned parent/guardian of the above-named student, hereby grant permission to Barack Obama Elementary School to photograph and/or videotape my child during the 2025-2026 school year. I understand that these photographs and videos may be used for various school-related purposes, including but not limited to:

1. Yearbook production.
2. School promotional materials (e.g., brochures, posters, websites).
3. Educational or instructional purposes.
4. Newsletters and school publications.
5. Local news coverage or social media accounts associated with the school.

I understand that my child's full name may be used in conjunction with these photographs or videos.

CONSENT FOR ONLINE PUBLICATION:

I further grant permission for the school to publish my child's photograph and/or video on the school's official website for the purposes mentioned above.

RELEASE AND WAIVER:

I release Barack Obama School, its representatives, and agents from any claims, demands, or actions arising out of the use of the photographs and videos as described herein.

DURATION OF CONSENT:

This consent is valid for the entire 2025-2026 school year unless revoked in writing by the undersigned parent/guardian.

PHOTOGRAPHY OPT-OUT OPTION:

If I do not wish to grant permission for my child to be photographed or videotaped as described in this form, I understand that it is my responsibility to inform the school in writing.

I HAVE READ AND UNDERSTOOD THIS SCHOOL PHOTO RELEASE FORM AND AGREE TO ITS TERMS.

Parent/Guardian's Signature: _____

Date: _____

Parent/Guardian Print Name: _____