

MEDIA RELEASE FORM

BAYONNE PUBLIC SCHOOLS
669 Avenue A
Bayonne, New Jersey, 07002

The Bayonne Board of Education is proud of the achievements of our faculty and students and often publicizes the many successful programs, projects and activities that make our schools a model of urban education. Videotapes provide an audio-visual record of activities happening during the student's school year. Videotaping of teachers and students engaged in learning activities often are shown on our cable television channel 77 BEN TV.

Additionally, there are occasions in our schools when photographs are taken of faculty and students engaged in education activities. Frequently, such photographs include individual students, as well as, group pictures and may appear in local newspapers, the Internet, and other forms of media. Often students are identified by name in such photographs.

Before publishing any pictures or videos, we are asking for the permission of our student's parent/guardian as required by New Jersey State Bill A592. Please record your preference regarding this issue by checking either box below. (Please fill out one per student, grades Pre-Kindergarten through grade 12.

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SCHOOL YEAR 2025-2026

I **DO** give my permission for my child to appear in any/all category of media releases sanctioned by the Bayonne Board of Education, which may include newspaper, periodicals, Board of Education webpage, web postings and events or programs videotaped for airing on BEN TV channel 77 local access viewing. I further grant permission to identify my child by name, thus receiving deserved recognition for their good work.

I **DO NOT** give my permission for my child to appear in any/all category of media releases sanctioned by the Bayonne Board of Education, which may include newspaper, periodical, Board of Education webpage, web postings and events or programs videotaped for airing on BEN TV channel 77 local access viewing. I further deny permission to identify my child by name in any/all media releases of the Bayonne Board of Education.

Print Name of Student : _____

School: _____ Grade _____ Homeroom _____

Parent/Guardian Signature: _____

PLEASE RETURN THIS FORM SIGNED TO YOUR CHILD'S TEACHER