

Sparta Township Public Schools

Parent/Guardian Publicity Consent Form

Student's Name: _____ Date: _____

School: Sparta Middle School Relation to Student _____

Parent/Guardian Phone Number: _____
(daytime #) (evening #)

Please check one:

Yes

I grant permission to use my child's full name and/or photograph in newspapers, on the Internet and at public presentations (Board of Education meetings, district displays at conferences, interviews, etc.)

No

I DO NOT grant permission to use my child's full name and/or photograph in newspapers, on the Internet and at public presentations (Board of Education meetings, district displays at conferences, interviews, etc.)

Signature of Parent/Guardian _____
(please sign)

This information will become part of your child's school records and will supersede all other Publicity Consent Forms. Your choices will remain in effect for the duration of your child's enrollment in the Sparta Township Public Schools. If you, as the parent or guardian, decide to rescind this agreement, you may do so at any time by sending a letter to the Principal of Sparta Middle School.

7/26/2012