Parent Consent

Please sign and return this consent form to your child's teacher. There are two different items that require your signature – photo consent and directory information. For each item, please sign consent or no consent. Please return this form to your child's teacher. Thank you for your assistance.

At various times during the school year, school representatives, Guilford County Schools (GCS), partners/vendors of GCS and a variety of media outlets request permission to film, video tape and photograph in our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products.

If you consent and grant permission for your child's likeness or work products to be used/featured by your school, GCS/its partners or electronic/media, please sign in the appropriate space below.

1) Photo Consent: I do consent and allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media. I also allow my child's work product to be featured by GCS (this will include the school yearbook).

_____ _____ _____
Child's Name Parent's Signature Date

No Photo Consent: I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by my school, GCS/its partners and the media (this will include the school yearbook).

_____ _____ _____
Child's Name Parent's Signature Date

2) Directory Information Consent:
I do consent and allow the district to release directory information on my child. Directory information includes the student's name, place and date of birth, major course of study, participation in sports and other official school activities, height and weight if an athletic team member, date of graduation, dates of attendance (date of enrollment through date of withdrawal or graduation), degrees and awards.

_____ _____ _____
Child's Name Parent's Signature Date

No Directory Information Consent: I do **NOT** consent nor allow the district to release directory information on my child.

_____ _____ _____
Child's Name Parent's Signature Date