

**North Bellmore UFSD
2616 Martin Avenue
North Bellmore, NY 11710**

Photo Permission Form

Please complete this form and return it to your child's teacher as soon as possible.

_____	_____
Child's Name	Grade
_____	_____
School	Child's Teacher
_____	_____
Signature of Parent/Guardian	Date

(Please circle your choice)

I Do **I Do Not** give my consent to have photo(s) of my child appear in media publications. This includes, but is not limited to, District, PTA and outside publications, video and audiotapes, and interviews by the press and media relative to school-sponsored events and activities.

PLEASE BE ADVISED THAT THIS IS IN EFFECT AS LONG AS YOUR CHILD IS A STUDENT IN THE NORTH BELMORE UNION FREE SCHOOL DISTRICT. SHOULD A CHANGE OCCUR, IT IS YOUR RESPONSIBILITY TO CONTACT YOUR SCHOOL OFFICE.