## PICTURE & TECHNOLOGY USAGE RELEASE/SOCIAL MEDIA

Dear Parent/Guardian,

STUDENT'S NAME:

Periodically we use photos of students in publications, or we have requests for students to have their pictures taken for release to newspapers, television, social media, and other publications for the purpose of promoting our educational programs and celebrating student success. Please sign and return this form to give consent to have your child's photo published. This permission is for the time said student is enrolled at Climax-Scotts Jr. & Sr. High School unless revoked by student's parent(s).

PARENT/LEGAL GUARDIAN NAME:	
Picture Release Consent:	
I give consent for my child's picture to be used in school/cordeemed appropriate by the school.	mmunity publications as
Yes No	
I give consent for my child's picture to be used on official sc	hool social media.
Yes No	
Signature of Parent / Legal Guardian:	Date:

Non-Discrimination Clause

It is the policy of this district to not discriminate in our programs, activities, or services by race, color, national origin, sex, or disability. For questions, concerns, or to report any potential violation please contact Superintendent Newington at 372 S. Main St., Climax, MI doug.newington@csschools.net, 269.746.2401.