

**Maple Point Middle School**  
**Videotaping / Photographs Permission Form**

For instructional improvement purposes, promotion of programs, or general information sharing, your child may be videotaped or photographed while participating in a classroom or related additional activity.

If you agree to allow your son/daughter to be in such a videotape or picture, please indicate this below. If you do not agree, please check the appropriate line below. In either case, please identify your child and sign the form below.

I grant permission for my son/daughter to be videotaped/photographed.

I do not grant permission for my son/daughter to be videotaped/photographed.

Name of student: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_