

Photography Release

Throughout the year I would like to take pictures of our class. I would like to use these to display in our classroom, around the school, yearbook, and on our CUSD website. If you would NOT like your child to be photographed, please sign below. If this portion is signed, I will make sure that your child is NOT in any pictures.

No, I do NOT want my child to be in any pictures.

Parent Signature _____ Date _____

Movie Release

Throughout the year, we will may be watching a variety of movies. The class may earn a movie as a reward, we may watch a movie to go along with a book, or we may enjoy a movie because of a special holiday! At times these movies may be rated PG, therefore, I need your permission to show the movie. Please fill out the portion below, indicating your preference.

I DO give my child _____ permission to watch PG movies.

Parent Signature _____ Date _____

I DO NOT give my child _____ permission to watch PG movies.

Parent Signature _____ Date _____