

Refusal of Permission/Media Opt-Out Form

Only sign if you are refusing permission

Use a separate form for each child

Please indicate below if you **do not** want your child's photo used and sign this Refusal of Permission Form. Return it to SchoolNova Director to director@schoolnova.org within fifteen (15) days after registration. ***Must Be Returned If Refusing***

School Year _____

RE: _____ (Child's Name)

I **do not** give permission for my child's photograph to be used in public media coverage of school events or activities, for school promotional materials,

I **do not** give permission for my child to be identified by name when interviewed or quoted.

Date: _____

Print name: _____

Parent/Guardian Signature: _____