

# Schofield School

27 Cedar Street  
Wellesley, MA 02481  
(617) 446-6280

## PARENT/GUARDIAN PERMISSION FORM FOR MEDIA

### *Addendum for Schofield School*

The purpose of this form is to obtain a release from you to use your child's picture or name in the ***Schofield Connection***, which will be available for download from the **Schofield School website**, accessible via the internet. This form is an addendum to the media permission form for the Wellesley Public Schools.

Print Student's Name \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Please indicate your permission by signing and dating each section below. A blank in the signature space will indicate that you do **NOT** give permission for that section.

#### **Permission to Use Student Name**

I give permission for my child's name to be published in the ***Schofield Connection***, which will be available for download from the **Schofield School website**, accessible via the internet. A listing could take the form of recognition, achievement or appreciation. No address or telephone number will appear with such a listing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Permission to Use Parent/Guardian Name**

I/We give permission for my/our name(s) to be published in the ***Schofield Connection***, which will be available for download from the **Schofield School website**, accessible via the internet. A listing could take the form of recognition, achievement or appreciation. No address or telephone number will appear with such a listing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Permission to Use Student Picture**

I give permission for my child's picture to be published in the ***Schofield Connection***, which will be available for download from the **Schofield School website**, accessible via the internet. No name, address, or telephone number will appear on such a picture.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_