

BROOKFIELD LOCAL SCHOOL DISTRICT

MEDIA OPT-OUT FORM

(Complete and return this paper ONLY if you do NOT give permission for your student to appear in news media or school and district publicity images.)

If you do NOT want to have your child(ren) photographed or videotaped for the above purposes, please complete, sign and return this form to your child's school office. Form applies to current school year only.

Today's date: _____

Student's full name: _____

School: _____

Student's current grade level: _____

Teacher's name (elementary only): _____

Graduation year: _____

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____