



Lewiston Public Schools Media Permission Form

Please check Yes or No for each statement:

Print:

I grant permission for **photos of my child's** participation in school activities to appear in Education Lewiston and the Academic Advocate, supplements to the *Sun Journal*.
My child's **FIRST NAME** may appear with his/her photo.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I grant permission for **photos of my child's** participation in school activities to appear in Education Lewiston and the Academic Advocate, supplements to the *Sun Journal*.
My child's **LAST NAME** may appear with his/her photo.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I grant permission for **my child's work** to appear in the Academic Advocate, a weekly supplement to the *Sun Journal*.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

World Wide Web:

I grant permission for **photos and/or video clips of my child's** participation in school activities to appear on Lewiston Public Schools web pages. (No student names will be published with images on school department web pages.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I grant permission for **my child's work** to be posted on Lewiston Public Schools web pages, using my child's first name only. I understand that, in the event that anyone requests permission to copy or use my child's work, those requests will be forwarded to us as parents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

[Special Exception for High School Students only (for portfolio purposes, etc.): I grant permission for **my child's work** to be posted and/or credited on Lewiston Public Schools web pages, using BOTH my child's first and last names.]

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Educational Presentations:

I grant permission for Lewiston Public Schools educators to present examples (print, digital, or video) of my child's work and/or participation in school activities at educational conferences, workshops, and classes, and at venues that promote the school or school department. This may include television broadcast.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yearbooks & Commemorations:

I grant permission for Lewiston Public Schools educators to include photos of my child and/or examples of my child's work and/or participation in school activities in yearbooks, slide shows, or albums that may be distributed in printed or digital form.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Students' addresses, phone numbers, and email addresses will NOT be published.

I understand that the viewing and use of this material once published or posted cannot be controlled by the Lewiston Public Schools.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Signature of Student

Printed Name of Student

Date

Student's School

Parent/Guardian Email Address

Parent/Guardian
Phone Number

Return this form to: