



Media Opt-Out Form

Student Name: _____

School: Anchors Away Pre-K

Teacher: _____ Student Birthday: _____

Student Image Opt-Out: Check below if you DO NOT want publicly viewable (district/ Anchors Away website, social networking sites, news article) publishing of:

Student work

Student Images (videos/photos)

OPT-OUTS remain in effect for the current school year.

Printed Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Contact Information Opt-Out

Student Name: _____

School: Anchors Away Pre-K

Signing below indicates you DO NOT want your (the parent/guardian) contact information (email and phone number) to be given out to other parents in your child's class/school. Upon signing, your information will not be sharable with other families.

OPT-OUTS remain in effect for the current school year.

Printed Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____