

New Heights Academy

Photograph and Video Release Form

Student's Name	Date: MM/DD/YYYY

As a benefit to our parents as well as to our students, we will have video observation system set up in the classrooms. This will allow prospective parents to observe the programs we offer without disrupting our student's class time. We ask that each parent allow us to use photographs of their child for our brochures, websites and advertising materials to help others learn about the enjoyable environment we have here at New Heights Academy. Thank you for your continue support.

Video Observation Release

_____ I give permission for my child to be part of the video observation system at New Heights Academy.

_____ I do not wish for my child to be part of the video observation system. I understand that by declining my child will need to be removed from classroom activities during any video observations and that this will be done at my request.

Photograph Release

_____ I give permission for my child to be photographed for promotional activities including pictures to be placed on the New Heights Academy website/Facebook page.

_____ I do not give permission for my child to be photographed for promotional activities including pictures to be placed on the New Heights Academy website/Facebook page.

Parent Full Name	Signature	Date: MM/DD/YYYY
1.		
2.		