

Photo Permission Form

Student Name: _____

I give permission for Brookton District High School to publish photographs of my child in the following publications:

	YES	NO
• Brookton DHS Newsletter/School Website	<input type="checkbox"/>	<input type="checkbox"/>
• Brookton DHS School Magazine (Year Book)	<input type="checkbox"/>	<input type="checkbox"/>
• Brookton DHS School Facebook Page	<input type="checkbox"/>	<input type="checkbox"/>
• Brookton DHS Class Dojo	<input type="checkbox"/>	<input type="checkbox"/>
• Community and State Newspapers	<input type="checkbox"/>	<input type="checkbox"/>
• Department of Education Publications	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____