



Dear Renaissance Families,

We would like to spread the word about the great work we are doing at Boston Renaissance. Part of sharing our story means communicating through the many different kinds of media now available in order to better show the work the students are doing, and the fun they are having while they learn.

Students and families are usually excited and proud to see themselves featured online or in a local newspaper. Yet we understand some families have concerns about their children's image being posted online or in other media versus being used only within the school, so we are taking the extra step of sending this form out to be sure we know which children should not be included. Even if you checked the Yes or No box regarding this question on your Family Handbook form, please complete this form.

Thank you,

BRCPS Communications and Administration Team



PARENTAL PERMISSION FOR PHOTOS/VIDEO & MEDIA

Child's Name: _____ Birthdate: _____ Child's Teacher _____

Male ☐ Female ☐

Child's Name: _____ Birthdate: _____ Child's Teacher _____

Male ☐ Female ☐

Child's Name: _____ Birthdate: _____ Child's Teacher _____

Male ☐ Female ☐

Parent/Guardian Name (Print): _____

Parent/Guardian Preferred Contact Information (Phone or Email): _____

I give my permission for my child(ren) to be photographed, videotaped, or quoted for school purposes. I understand the school may create and share with the public photos and videos of school events and activities through a variety of media, such as the school website, social media websites, school corridor displays, newsletters, or local newspapers.

In using student images on social media, or any internet sites, children's names will not be used. In the rare case that a newspaper or other media organization requests a student's name be provided, BRCPS will contact the student's parent/guardian to confirm consent for use of that student's name in that case.

I give my permission for my child(ren) to be photographed, videotaped, or quoted for in-school purposes only.

Yes ☐ No ☐

I give my permission for my child(ren) to be photographed, videotaped, or quoted for all public purposes.

Yes ☐ No ☐

Parent's/Guardian's Signature: _____ Date: _____

When recording or publishing media, your wishes regarding the privacy of your child is always our top priority. We take appropriate steps to ensure your child's privacy is maintained to the greatest extent possible and in accordance with your wishes.

Note: If you do not want BRCPS to use photo or video images of your child, you must return this form. The children of parents/guardians who do not return this form may be included in our media efforts, unless and until this form is returned indicating denial of such permission.