



Opt-Out Form for Photographs and Recordings

Please Read Carefully

Dear Parent or Guardian,

This is the opt-out form for photographs and recordings for Winston-Salem/Forsyth County Schools for the **2019-20** school year and summer programs. The school system, its schools, and its affiliated organizations use photographs and audio, digital, video and other recordings of students to publicize school activities in a variety of outlets, such as school newsletters, brochures, yearbooks and annuals; Cable Channel 2; the WS/FCS, school, and affiliated organization websites; and social media accounts managed by the district and affiliated organizations. Your child may also appear in photographs and audio, digital and video recordings that appear in local media outlets, such as newspapers, television news and their affiliated websites or on school-related social media sites created for school purposes by district employees such as teachers, athletic coaches, clubs or affiliated organizations, etc.

To opt out means a parent/guardian is not permitting the publication of photographs or audio, digital or video recordings of his/her child in certain circumstances, as described below. To make your preferences known, you must put your request in writing or complete the form below and send it to your student’s principal **no later than October 1st** of this school year or within thirty (30) calendar days of your student’s enrollment in school. **If you do not express your preferences in writing, you are giving the WS/FCS, its schools, its affiliated organizations and media outlets permission to make and share photographs and recordings of your child.**

OPT-OUT PREFERENCES

1. You refuse to allow your child to be photographed or recorded by outside media, such as newspapers, television news or news websites.
2. You refuse to allow your child to be photographed or recorded by an outside organization affiliated with the school system.
3. You refuse to allow your child to be photographed or recorded by the school for the school’s, school system’s, or school-related websites or social media accounts.
4. You refuse to allow your child to be photographed or recorded for use in school system publications, such as yearbooks, class pictures and newsletters.
5. You refuse to allow your child to be photographed or recorded for any publications or websites.

Please complete and return the portion below to the school

PERMISSION FOR PHOTOGRAPHS AND RECORDINGS

Student Name (printed): _____

School: _____ Grade: _____ Homeroom/Teacher: _____

Please **CHECK** the statement(s) below that represents your preference(s). If you do not return this form, you are giving permission to make and share photos and recordings of your child.

1. Do not allow my child to be photographed or recorded by outside media, such as newspapers, television news or news websites.	
2. Do not allow my child to be photographed or recorded by an outside organization affiliated with the school system.	
3. Do not allow my child to be photographed or recorded by the school for the school’s, school system’s, or school-related websites or social media accounts.	
4. Do not allow my child to be photographed or recorded for use in school system publications, such as yearbooks, class pictures and newsletters.	
5. Do not allow my child to be photographed or recorded for any publications or websites.	

Parent/Guardian/Eligible Student Signature

Date