

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS

**Opt-Out Form for Photographs, Audio and Video**

*Please Read Carefully*

Dear Parent or Guardian,

This is the opt-out form for photographs, audio and video for Winston-Salem/Forsyth County Schools for the 2019-20 school year. The school system and its schools 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; and the WS/FCS website and school websites. Your child may also appear in photographs, audio recordings or video recordings that appear in local media outlets, such as newspapers, television news and their affiliated websites.

**To opt out means a parent/guardian is not permitting the WS/FCS or its schools to publish photographs or audio, digital or video recordings of his/her child.** 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 and its schools permission to make and share photographs and recordings of your child.**

*PERMISSION FOR PHOTOGRAPHS, AUDIO AND VIDEO*

Student Name (printed): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Teacher: \_\_\_\_\_

Please **CHECK** the statement(s) below that represents your preference(s).

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 the school for the school or school system's websites.	
3. Do not allow my child to be photographed or recorded for use in school system publications, such as yearbooks, class pictures and newsletters.	
4. Do not allow my child to be photographed or recorded for any publications or websites.	
5. I give permission to make and share photographs and recordings of my child.	

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Date