



The Shore Center

For Students with Autism

100 Tornillo Way, Tinton Falls, NJ 07712

Linda Jordan, Principal

732-440-1122 Fax - 732-380-1392

Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image to be published on the district and/or school's web site/yearbook and school-wide publishing.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Initial all of the following choices that apply:

☐ I **grant** permission for a photo only that includes my child to be published on the district's public web site.

☐ I **DO NOT grant** permission for a photo that includes my child to be published on the district's public web site.

☐ I **grant** permission for a photo that includes my child to be published in the school newsletter, yearbook, and other **school-only** publications.

☐ I **DO NOT grant** permission for a photo that includes my child to be published in the school newsletter, yearbook, and other **school-only** publications.

☐ I **grant** permission for my child to be videotaped for **school-based** educational purposes / staff development.

☐ I **DO NOT grant** permission for my child to be videotaped for **school-based** educational purposes / staff development.

Student's Name: (please print) _____ Student's Grade: _____

Print Name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____ Date: _____