



Badger Elementary School  
501 South Bluemound Drive  
Appleton, WI 54914  
(920) 832-6264  
(920) 832-6149 (Fax)

## 2011-12 School Year

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Dear Parent/Guardian:

This letter is being sent to ask your permission to use images and/or name of your child for one or more of the following purposes. Please identify your approval (YES) or disapproval (NO) to having your child's image and/or name used in the following ways:

- |     |    |   |
|-----|----|---|
| YES | NO | 1. <b><u>Web Page Information</u></b> : One of the goals of school's website is to showcase selected student work and/or accomplishments so they may be seen and appreciated by a wider audience (i.e. parents, friends, relatives, etc.). Your permission will allow your child's work and/or accomplishments to be showcased on our school's website. We will not list last names – only first name (and last initial in some cases). |
| YES | NO | 2. <b><u>School District Video Productions</u></b> : The school district periodically produces promotional presentations for the public on the academic and special events in our school. Your permission will allow your student to be interviewed and/or photographed for these features.   |
| YES | NO | 3. <b><u>Newspaper and Television Requests</u></b> : Local media asks periodically to do special interest stories on schools and students. Your permission will allow your student to be interviewed and/or photographed for school-related features.   |
| YES | NO | 4. <b><u>Photographs and Video Images used Internally</u></b> : These images would be used for viewing purposes of the Badger Elementary School families only and would not be released in a public venue. Your permission will allow your child to be photographed for the Badger Elementary School yearbook, bulletin boards, end-of-the-year school slide shows, etc.  |

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_