



The Math & Science Exploratory School

Middle School 447

345 Dean Street, Brooklyn, NY 11217
Tel 718 330-9326 / 9328 Fax 718 330-0944
ms447.org

Photo Consent Form 2015-16 School Year

Student Name: _____ Class # (if known) _____

I hereby give MS 447 permission to photograph/videotape my child during any activity related to his/her attendance at the school, including but not limited to classes, school trips, performances, and other functions, and to use these photos or videos in school publications, on the school website, and for other not-for-profit purposes.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

NOTE: If you *DO NOT* give photo consent, please place an "X" in the box below, sign and date below, and return.

☐

I do NOT give consent for my child to be photographed or videotaped at MS 447 activities and functions.

Parent/Guardian Signature: _____ Date: _____