

# PETERS TOWNSHIP SCHOOL DISTRICT

## Student Photo/Publicity Refusal Form

The Peters Township School District seeks to actively promote the positive accomplishments of our students. In many cases, photos of our students appear in local media and in publications produced by the District. If you **DO NOT** wish for your child's photo image to be used for inclusion in newspaper publicity, reproduced in school publications such as the school calendar and newsletter, or to appear on the District's web site, and social media communications please complete and return the lower portion of this form to the main office in your child's building. **BY NOT SIGNING THIS FORM, YOU ARE RELEASING** the Peters Township School District, its officers, agents, and/or employees from liability as a result of the use of this material.

Please complete the form below, only if you **DO NOT** permit your child's image and/or information regarding his or her accomplishments to be used in public relations efforts. We are anxious to publicize the many accomplishments of our students and would like to involve your child when appropriate.

If you have any additional questions or for clarification, please contact Shelly Belcher, Communications Coordinator at 724-941-6251 ext. 7205.

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## Student Photo/Publicity Refusal Form

Please read the following **REFUSAL** options carefully and provide a check mark in the appropriate box.

### Student Publicity

I **DO NOT** give permission for the Peters Township School District to use my child's photo for any publicity purposes including, but not limited to, local newspapers, the district's newsletter, video productions, community/district television programs, sports programs, and district publications of any kind.

### Web Site/Social Media Publicity

I **DO NOT** give permission for the Peters Township School District to use my child's photo on the district's web site or via social media for any reason.

School Year: \_\_\_\_\_ *Please note that an updated form must be on file for each school year.*

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Please return one form for each child to his/her school office. Questions on this form should be directed to Mrs. Shelly Belcher, Communications Coordinator, at 724-941-6251 x7205. or belchers@pt-sd.org  
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