Chico
Unified School District

Administrative Offices
1163 E. Seventh Street
Chico, CA 95928-5999

phone: (530) 891-3000
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www.ChicoUSD.org

Student Participation in Photograph, Film, Video, or Electronic Media for Other Than In-School Use

Student Name: _____ Age: _____

School: _____

Description of Activity: (include location, date, time, whether or not student's name will be used, and complete description of how students will be included in this activity)

_____

_____

_____

_____

_____

_____

_____

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_____

I hereby give permission for my son/daughter to participate in the school-sponsored activity described above. I understand that the resulting photograph, film, video, or electronic media may be used in a public media source or educational research project.

_____ _____

Parent/Guardian Signature (Date)

Address: _____

Home Phone: _____ Work Phone: _____

ESS-18 *(Permission for Photo ESS-18 form2.doc)*
(3/26/97) Revised 3/10/08 vvg