

# PARENT PERMISSION RECEIPT FORM

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Date

We understand that Section 26.009 of the Texas Education Code requires school districts to obtain written permission from parents in order to photograph a child or authorize the recording of a child's voice in most instances.

Parent permission **is not** required for purposes of safety, including the maintenance of order and discipline in common areas of the school or on school buses; for purposes related to a co-curricular or extracurricular activity; or for a purpose related to regular classroom activity.

## 1. PERMISSION TO PHOTOGRAPH, VIDEOTAPE, OR RECORD A CHILD FOR SCHOOL OR LOCAL MEDIA PURPOSES.

Please mark one.

I GRANT PERMISSION

I DO NOT GRANT PERMISSION

for the District to make or authorize the making of a videotape of my child, or record or authorize the recording of my child's voice, or photograph my child for promotional purposes. (May be for Media Technology or District Public Information Office usage brochure; newsletter, District video(s), etc...)

## 2. PROMOTIONAL INTERNET PERMISSION

I also understand that from time-to-time the school may wish to publish examples of student's projects, photographs of students (ex: team, club, or classroom photographs), and other work on an Internet accessible World Wide Web server representing West Orange-Cove CISD. Student identifications will not be included.

Please mark one.

I GRANT PERMISSION

I DO NOT GRANT PERMISSION

## 3. INTERNET/COMPUTER USAGE - ELECTRONIC COMMUNICATIONS SYSTEMS

**I understand that my computer use is not private and that the District will monitor my activity on the computer system.**

I have read the District's electronic communications system policy and administrative regulations included in this handbook and agree to abide by their provisions. In consideration for the privilege of using the District's electronic communications system and in consideration for having access to the public networks, I hereby release the District, its' operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and administrative regulations.

Please mark one.

I GRANT PERMISSION

I DO NOT GRANT PERMISSION

for my child to participate in the District's electronic communications system as outlined in the student handbook.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Home Address

---

Home Phone Number

---