

**ASHFORD SCHOOL**  
**2019-2020**  
**Permission to Publish Student Work and/or Images**

**FOR STUDENTS IN GRADES PreK-4**

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please circle one)

Yes    No    I give permission for my child to have access to the Computer Network. I also agree that my child will comply with the conditions for acceptable use and behavior regarding the use of the network in school. Should my child fail to comply with these conditions, I understand that his/her computer privileges at school may be revoked.

(Please circle one)

Yes    No    I give permission for the publication of my child's school work on the Internet.  
Yes    No    I give permission for the publication of photos of my child on the Internet.  
Yes    No    I give permission for the publication of photos and/or videos of my child for instructional purposes.  
Yes    No    I give permission for the publication of photos and/or videos of my child for publicity.

My signature below indicates that I have read the Ashford School's **Notice of Digital Image Use**.

Print Parent/Guardian Name: \_\_\_\_\_

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