



Student Photo/Video Opt-Out Form

***ONLY* complete and return this form, if you *DO NOT* want your child's photo used by Landmark Academy.**

Teacher: _____ Grade: _____

As the Parent(s)/Guardian(s) of:

_____, I/We hereby ***DO NOT*** want Landmark Academy to use photos, printed names, video footage of our children in school publications, postings in the building, at presentations, on Facebook, and on the school website. I/We also ***DO NOT*** want our child to be identified in an accompanying caption used with snapshots as a news item for the school.

Parent/
Guardian Signature: _____ Date: _____

Parent/Guardian Name: (please print) _____

Address: _____

Home Telephone: _____ Daytime Telephone: _____

Email Address: _____