



SPOTSWOOD MEMORIAL SCHOOL



DR. SCOTT ROCCO
SUPERINTENDENT

115 SUMMERHILL ROAD • SPOTSWOOD, NEW JERSEY 08884
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WEB SITE: WWW.SPSD.US

GRAHAM PEABODY
ASSISTANT SUPERINTENDENT /
ACTING PRINCIPAL
GPEABODY@SPSD.US

Dear Parents/Guardians:

Throughout the school year the students of the Spotswood Schools may be photographed or videotaped while participating in various school activities including concerts, plays, sports and other programs.

In order for us to produce programming that features your son/daughter, please complete and sign the bottom portion of this letter, which grants us permission to identify, photograph, and/or videotape your child while he/she is participating in school events.

This form will be valid for the years that your child is enrolled in his/her current school. If at any time you wish to rescind this agreement, you may update your form.

Thank you,

Dr. Scott Rocco
Superintendent Spotswood School District

Student Name: _____ Grade: _____ Teacher: _____
(Please Print)

(Please Check One)

Yes, I give permission for my child to be identified, photographed, or videotaped. I understand there is a possibility that he/she may appear and be identified in publications, presentations, Cable Access Channel 3, and our school district website.

No, I do not want my child to be identified, photographed, filmed or videotaped.

(Parent – Please Print)

(Parent- Please Sign)

Please complete and have you child submit to his/her advisory teacher by September 13, 2016