



Batesville Junior High School Photo Consent Form

Child's Name _____ Grade _____

Photo/ Video

I authorize Batesville Junior High School (including its related entities) to photograph and/ or video my child to use for educational or promotional purposes in school related media. I understand that I will not be paid or rewarded for providing this authorization.

Mark ONE choice below

_____ Yes, **I do** give authorization for photos and videos for educational purposes.

_____ No, I **do not** give authorization for photos and videos for educational purposes.

Parent's Signature

Date

Please return to the BJHS office.