## **CEDARCREST ELEMENTARY SCHOOL**

2024-25

IDENTIFIC	CATION OF ST	UDENT				
STUDENT'S	FAMILY NAME		STUDENT'S FIRST NAME			
GRADE	CYCLE	ROOM	TEACHER	2		
		, Record, Vide age or Work a				y, Distribute or
photograplyearbooks	hed for a variet , video projects	y of reasons, ir	ncluding scho gramming. Th	ol awards ne studen	s, special re	d, recorded and or cognition, chool and grade
		hs / video imag vork and in the	•			ibuted or broadcast uired to obtain
Also, durin	g the school y	ear, an email a	ddress may b	e assigne	ed to a stud	ent.
		d information a		ner YES o	r NO below	to indicate whether
I hereby re or connect		ool and the Sch	ool Board fro	m any liab	oility or dam	nages resulting from
The photographing, recording or video of			f a student:		Yes 🗆	No 🗆
The publis of image /	hing, display, o work:	roadcasting		Yes 🗆	No 🗆	
The assigr	nment of an em	nail address:			Yes □	No 🗆
Signature:	(norant /	guardian / adult studen	+\	Date: _		
	(parent / (	yuarulari / adult studen	ı)			

Please return this form signed to the Main Office

If you have any questions, please call the school at: (514) 744-2614