

Media Opt-Out: COVID-19 Pandemic

I am the parent/guardian of (NAME OF STUDENT) _____,

Grade _____, a student at **Russell H. Conwell Middle Magnet School** of the School District of Philadelphia. I hereby wish to opt-out and do not give the School District of Philadelphia/PSTV Channel 52, members of the media, and partners of **Russell H. Conwell Middle Magnet School to provide instruction via Google Hangouts or ZOOM Meetings**, to interview, audiotape, photograph, videotape, film, or capture by any other electronic means the image of my child for the 2020-2021 academic year.

I do not consent to any images /videos taken of my child to be used solely or in connection with publicizing or marketing **Russell H. Conwell Middle Magnet School** and its corresponding educational programs.

I do not consent to my child participating in Google Meetings or ZOOM Meetings for Instructional Purposes with instructional staff of **Russell H. Conwell Middle Magnet School** and its corresponding educational programs.

Please do not publish or in any way use my child's image/photo and or video for marketing, communications, or public relations purposes.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Media Opt-Out Form.

****IF YOU ARE OPTING OUT, PLEASE COMPLETE THE FORM AND RETURN IT TO THE Russell H. Conwell Middle Magnet School ****

Parent/Guardian Name PRINT

Parent/Guardian Signature

Parent Contact Information:

Home Phone #: _____

Cell Phone #: _____

Date: _____