



# BOYERTOWN AREA SCHOOL DISTRICT

“to enable all students to succeed in a changing world”

## Publicity Permission Notice 2016-2017

Throughout the year, there are opportunities for the publicity of our student activities.

Please complete the information below specifying the preference for publicity of your child.

Thank you for your continued support and cooperation.

Sincerely,

Principal



**Please complete and return to the school office  
by September 9, 2016.**

|                    |    |                           |      |
|--------------------|----|---------------------------|------|
| Child Name (Print) | HR | Parent/Guardian Signature | Date |
|--------------------|----|---------------------------|------|

I give my permission to release any information pertaining to my child.

I **do not** give my permission to release **any publicity** information pertaining to my child.

