

P.O. Box 177
104 Main Street
Fillmore, NY 14735
Phone: (585) 567-2251
Fax: (585) 567-2541

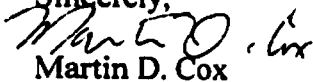
FILLMORE CENTRAL SCHOOL

January 2010

To the Parent/ Guardian of _____;

Fillmore Central School is proud of and enjoys sharing the accomplishments of students of all ages. At the same time, it is important to respect the rights of parents and guardians to not have information shared or publicized about their child. For this reason, the district is collecting parent and guardian consent to publish students' names and/ or pictures across various media. Please complete and return this consent form to **the Pre-K-4 or 5-12 office by January 29, 2010.** Thank you.

Sincerely,



Martin D. Cox
Superintendent/K-4 Principal

As the parent/ guardian of _____, I am providing consent to Fillmore Central School to publish my child's picture, name, audio clips, video clips and other school work in various media sources, including the school newsletter, yearbook, website, newspapers, etc.

_____ Yes

_____ No

Parent/ Guardian Signature

Date