

Robert Lee ISD

MASTER SIGNATURE SHEET

(Must be completed and returned to your child's campus office)

Student's Name: _____ Student's Grade: _____

Parent's Name: _____ Home Ph: _____ Wk Ph: _____

ELECTRONIC COMMUNICATIONS RELEASE

- I give permission for my child to participate in the district's electronic communication system (Internet).
I do not give permission for my child to participate in the district's electronic communication system (Internet).

PUBLICATIONS, VIDEO, INTERACTIVE TV and INTERNET CONSENT

Mark a response ONLY IF you are denying permission)

- NO, I do not want my child's name, picture, artwork, voice, or picture (video or still) to appear in any school publicity or publication (including school yearbook), school videos, or website.
NO, I do not want my child's name, picture, artwork, voice, or picture (video or still) to appear in any school publicity or publication, school videos, or website but including any of these in the school yearbook is permitted.

RELEASE FORM for DISTANCE LEARNING CLASSROOM

- I grant Robert Lee ISD permission to make broadcasts, videotapes, photographs, and/or sound recordings, separately or in combination, of my child and grant permission to use these broadcasts, videotapes, photographs, and/or sound recording for educational purposes on any delivery system distributing Robert Lee ISD programming.
I have read and I understand the distance learning student contract and agree to abide by the rules.

Student Signature (required)

Date

Parent Signature (required if student is under 18)

Date