

**BALDWINVILLE CENTRAL SCHOOL DISTRICT**

Matthew J. McDonald, Superintendent of Schools  
29 East Oneida Street  
Baldwinsville, New York 13027

315-638-6043 (Office)  
315-638-6041 (Fax)

Dear Parents/Guardians,

The Baldwinsville Central School District often features images of students, usually identified by name, school and grade, in district publications (including, but not limited to the calendar, the website, district newsletters - print and e-newsletters - posters, and the district’s Facebook, Twitter, and Instagram pages). We also share images of students with the local media (including, but not limited to newspapers and television stations and their websites and social media sites).

If you **DO NOT WANT** your child’s image to be taken and used by the district or local media during the current school year, please fill out this opt-out form and return it to your school or to District Communications, Baldwinsville Central School District, 29 East Oneida Street, Baldwinsville, NY 13027. Please be sure to include each child’s name, the school that he/she attends, and the school year. **THIS REQUEST MUST BE MADE EVERY YEAR.**

**Please note that school yearbooks are internal publications and are not subject to these restrictions.** If you do not want your child’s name/image in the school yearbook, please contact your principal.

**If you DO NOT RETURN this form, the district will assume that YOU GIVE PERMISSION for your child(ren) to be photographed as well as identified by name, school and grade in district publications for the current school year, as well as shared with the media.**

**No Image Request Form**

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher & Grade (K-5): \_\_\_\_\_ Grade(6-12) \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher & Grade (K-5): \_\_\_\_\_ Grade(6-12) \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher & Grade (K-5): \_\_\_\_\_ Grade(6-12) \_\_\_\_\_

**I DO NOT GIVE PERMISSION FOR MY CHILD’S IMAGE TO BE TAKEN OR PUBLISHED BY THE DISTRICT OR THE MEDIA IN THE \_\_\_\_\_ (list date of school year) SCHOOL YEAR.**

Parent/Guardian (Signature) \_\_\_\_\_ Parent/Guardian (Print) \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**  
**District Communications, Baldwinsville Central School District**  
**29 East Oneida Street**  
**Baldwinsville, NY 13027**  
**or**  
**Return to your school**