

BALDWINSVILLE 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, website, district newsletters, posters, and on 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 to Public Information Specialist Sarah Buckshot, Baldwinsville Central School District Office, 29 East Oneida Street, Baldwinsville, NY 13027. Please be sure to include each child’s name and the school that he/she attends. This is for all students, including remote-only students. **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.

If you have questions, please contact Sarah Buckshot at 315-638-6180 or sbuckshot@bville.org

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 2020-21 SCHOOL YEAR.

Parent/Guardian (Signature) _____ Parent/Guardian (Print) _____

Date: _____

**Return to:
Public Information Specialist Sarah Buckshot
Baldwinsville Central School District
29 East Oneida Street
Baldwinsville, NY 13027**