**Bartelso Community School District #57**

306 South Washington Street

Bartelso, Illinois 62218

Phone: 618-765-2164

Fax: 618-765-2712

[www.bartelsobraves.com](http://www.bartelsobraves.com)

**Publicity Release**

Throughout the school year, Bartelso School District No. 57 may conduct activities that may be publicized by the school district and/or through local news media. Please indicate by checking below whether you consent or do not consent to the release of publicity information concerning your child/children. This form *must be returned* with your signature in the packet of registration materials. If this form is **NOT** returned, Bartelso School District No. 57 will assume that you **have NOT given** your consent to the release of publicity information concerning your child/children.

\_\_\_ ***I grant permission*** for Bartelso School District No. 57 to include my child/children’s picture in school sponsored events that may be published in the newspaper and on the district website.

\_\_\_ ***I grant permission*** for my child/children’s picture to be printed **ONLY** in the newspaper for School News **BUT NOT** the school district website.

\_\_\_ My child/children ***may not*** have their picture published in the newspaper or district website by Bartelso School District No. 57.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name (please print) Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name (please print) Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name (please print) Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name (please print) Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature Date