



# CABRILLO UNIFIED SCHOOL DISTRICT

498 Kelly Ave, Half Moon Bay, CA 94019 • 650 712-7100 • Fax 650 726-0279 • www.cabrillo.k12.ca.us

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE

## 2015-16 GENERAL PERMISSION FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

### MEDIA RELEASE

Students are occasionally photographed and interviewed when participating in school activities. These photographs and quotes may appear in such publications as the *Half Moon Bay Review*, the *San Mateo County Times*, and the *Cabrillo Education Foundation* news releases and annual reports, as well as other publications. In addition, students may be videotaped when participating in school activities. Occasionally these videotapes may be distributed in some manner to members of the general public, such as being shown on cable TV.

### DIRECTORY RELEASE

Student contact information, including name, address, email address and phone number may be included in school or class directories.

### HEALTH SCREENINGS

Individual vision, hearing, dental and/or scoliosis screenings are provided per state mandated regulations.

I acknowledge that I have been informed of the aforementioned media release, directory release, and health screenings.

I understand that I must notify the school office in writing if I do not want my child to participate in one or more of these activities.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_