

Permission for Student Participation in the Media

| I, | (print parent/guardian full name) give permission for my |
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| child, | (print student full name), to be filmed, photographed or |
| interviewed by the media throu | ghout their time as a student at Duke Ellington School of the |
| Arts. | |
| | |
| Parent/Guardian Signature | |
| Date | |
| Student's Art Department | |
| _ | |
| Student's Graduation Year | |
| <u> </u> | ompleted by the parent and returned to the Admissions Office on, per Directive 311.6, District of Columbia Public Schools' |
| For more information or to decided Admissions Office at Admission | line participation in media, please contact the as@ellingtonarts.org |