

Arroyo Vista Charter School
2491 School House Road
Chula Vista, CA 91915
Office: (619) 656-9676
Fax: (619) 656-1858

<http://www.cvesd.org/schools/arroyovista/Pages/Default.aspx>

Date: _____

Ms. Spinrod, grade 5, Arroyo Vista Charter School requests your permission to videotape, take pictures, use digital voice-over (students record their voice for slide shows), duplicate, and/or reproduce your child's work in the following way:

- Newsletters, print and digital; Classroom Blog
- Classroom movies, digital slideshows, digital PowerPoints

Note: Your child will only identify his/herself in videos of class activities by **FIRST NAME**, if he or she is doing a presentation; otherwise pictures will be identified by their activities and will not identify individual children. Individual presentations of students, if any, will be given to that child only.

Please complete the section below and return this entire form to Ms. Spinrod as soon as possible.

No, I do not want my child to participate in any of the above activities.

AFFIDAVIT

I, the parent/guardian of the child named below, have read the statements printed above and authorize the release of information/work/video concerning my child under the conditions outlined.

Name of Child:	
Date of birth:	
Name of parent/guardian	
Relationship to child:	Phone:
Street address	
City, State, Zip	
Signature	Date: