



Avalon Elementary School

235 32nd Street, Avalon, New Jersey 08202

Stacey LaRocca Tracy
Chief School Administrator

Linda Fiori
Business Administrator

Dr. Renee Murtaugh
Supervisor of Curriculum & Instruction

Permission to Publish

Dear Parent/Guardian:

As part of the educational program, your son or daughter will have the opportunity to publish documents and projects on the Internet. These documents might include a personal homepage, a story or poem, an image, a science or a research project, a group photograph or video from an activity or club, or a collaborative project with other students locally or internationally. Individuals around the world with Internet access will be able to view and possibly respond to your child's work by electronic e-mail. We think that this is an exciting and enriching opportunity for our students.

We will publish these documents only with your written permission. Please consider the following options and initial next to the option you would permit. Then sign and return this form to your child's teacher. To view examples of work that has already been published on the Internet, ask your child's teacher. Thank-you for your cooperation.

Avalon District Guidelines:

- It is not permitted to publish documents with your child's telephone number, address or surname;
- It is not permitted that any document include any information that indicates the location or a pupil at an exact hour, other than their attendance to a school or participation in a school activity;
- Documents containing objectionable material are not allowed nor any web pages point directly or indirectly at such material;
- Documents must conform to the policies and procedures of the Avalon School District.
- A document must be reviewed and approved by a sponsoring teacher before it is published.

Parent/Guardian Permission:

I grant Avalon Elementary School permission to publish documents on the Internet as described above, including the following (initial all that apply):

____ First name
____ Identifiable photographs/videos of student
____ Group or unidentifiable photograph/video
____ Return email address

Child's Name _____ Grade _____

Parent's/Guardian Signature: _____ Date: _____

This permission form will be in effect for the duration that you child is a student in the Avalon District. If at any time you decide to change this directive, you may do so by contacting your child's principal to complete a new form.

Phone: 609.967.7544

Fax: 609.967.3109

<http://www.avesnj.org>
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Documents/15-16 Beginning Yr/Perm to Pub