

Parental Permission Form
Posting of Personally Identifiable Information

I am the parent / legal guardian of:

_____ (first and last name of child),
who will submit personal information to Posen Consolidated School
District # 9 and/or will participate in one of Posen Consolidated School
District # 9's activities. Therefore, I am giving Posen Consolidated
School District # 9 permission to use:

- _____ A photograph of my child
- _____ A photograph taken by my child
- _____ An original creation written/developed by my child
- _____ A news story about my child
- _____ An original piece of artwork created by my child

By signing below I give permission for Posen Consolidated School
District # 9 to post the materials check above in the Newspaper as well
as on the Web Site.

Signature of parent/guardian

Printed name of parent

Date

Daytime phone number