



STOW-MUNROE FALLS CITY SCHOOLS

Administrative Offices
4350 Allen Road
Stow, OH 44224-1082

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(330) 688-1629 • FAX
www.smfcsd.org



Student Legal Name _____
Last First Middle

School (please circle) EH FC HL HF IT RV WD LV KP HS

Grade _____ School Year 2011-2012 Teacher/Team _____

Photography Publication Release Form

We request permission for your child to have his/her picture taken or to be videotaped by school staff or local news organizations during the 2011-2012 school year. If permission is granted, your child's picture, name, work product, school and grade may be used in newspaper articles, television stories, newsletters, brochures or other promotion publications and video productions.

_____ Yes, I give my permission _____ No, I do NOT give my permission

Internet Web Publication Release Form

I hereby grant permission for my child's name, photo, or school work to be displayed on the Stow-Munroe Falls City Schools official school web site. (Access to this web site is not restricted and can be viewed by any Internet user). I understand that my child's first name, school and grade placement may be revealed within such presentations, but that no grade or other evaluative measures of the work will be included.

_____ Yes, I give my permission _____ No, I do NOT give my permission

Parent Access/Internet Accessibility

All teachers are committed to working with you to ensure your child's academic success. Progress Book/Parent Access allows you to have academic information to better help your child to achieve the desired educational goals in school. In order to make sure communication between parent and teacher is successful through Parent Access, we need the following information:

- 1. Do you have Internet access at home? Yes No
2. Do you have Internet access at work? Yes No
3. E-mail address _____

Thank you for completing this form and returning it to the school.

Parent Name _____

Parent Signature _____ Date _____