

Wellsville Elementary USD 289

218 Ash St

Wellsville, KS 66092

Picture/Video Taping

I, _____ the parent/guardian of _____
whose birthday is ___/___/___ consent to the taking of pictures and the video taping of my
child

for such uses as in the school yearbook, release to local news agencies,
promoting/portraying

the Elementary school, and for other educationally related purposes.

Date _____

Signature of parent/guardian

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Release of Information

I, _____ the Parents/guardian of _____
whose birthday is ___/___/___ consent of the release of information regarding
transcripts,
test scores, and cumulative records, for the purpose of transfer to other schools,
newspapers
(i.e. pictures, honor roll, awards) and the release of directory information (names,
parents, address,
Grade level, birthday).

Date _____

Signature of parent/guardian