

Dayspring Christian Academy

PO Drawer 909, Blacksburg, Virginia 540-552-7777

Dear Parents,

From time to time, Dayspring Christian Academy would like to use student photographs to demonstrate some of the programs that are being offered and to inform people in and around the New River Valley of the educational opportunities our students are being provided. We would also like to use photographs to recognize students' accomplishments in the classroom and in extra-curricular activities. These pictures may appear in the newspapers, on television, or even become a part of the Dayspring Christian Academy web page and/or yearbook. At no time however, will any information other than the student's name be provided or used.

In order to protect the safety of your child and to ensure that you are comfortable with this, Dayspring Christian Academy would like for you to complete the permission form at the bottom of this page and return it to the office with your orientation packet of information. The form will become a part of your child's permanent record and can be easily referenced in the event that an opportunity of this nature becomes available. You can also elect to have this form removed at any time should the need arise.

Thank you for your cooperation and understanding. If you have any questions or concerns regarding this matter, please feel free to contact me at 552-7777.

Sincerely,
Dug Hampton
Administrator

Permission to Use Student's Photograph

I hereby give my permission for Dayspring Christian Academy to allow my student's photograph to be used by the news media. I also give permission for my student's photograph to appear on the Dayspring Christian Academy home page and yearbook.

Signature of Parent or Guardian

Date

Parent or Guardian Name (Please Print)

Student's Name

I would prefer that my student's picture **not** be used by the news media, appear on any school web pages and/or yearbook. I understand that my student will be excluded from group pictures (class pictures, sports pictures, etc).

Signature of Parent or Guardian

Date

Parent or Guardian Name (Please Print)

Student's Name