



## **Photo Release Opt -Out Form 2024-2025 School Year**

*Please only sign this form if you **do not** give permission for your child's image to be used across various platforms in relation to The Pilot School.*

I, \_\_\_\_\_ give permission for my student, \_\_\_\_\_  
to be photographed IN HOUSE ONLY for The Pilot School. The photographs may be used for  
bulletin boards, hallway displays, The Pilot Post, and in the classroom.

I, \_\_\_\_\_ Do Not Give permission for my student, \_\_\_\_\_  
to be photographed for The Pilot School.

Guardian/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Directory Opt -Out Form 2024-2025 School Year**

*Please only sign this form if you **do not** give permission for your family's information to be shared internally.*

Student Name: \_\_\_\_\_

Please indicate the information you DO NOT want shared in the directory.

- I would not like my address shared.
- I would not like my phone number shared.
- I would not like my email address shared.

Guardian/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_