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: __________________________