

**KING'S COLLEGE EDUCATION DEPARTMENT**

**PERMISSION FOR PHOTOGRAPHY/ VIDEOTAPING FORM**

Dear Parents/Guardians,

As part of my pre-student teaching experience for King's College, I will be photographing and/or videotaping some of my lessons and projects. The purpose of these photographs

and/ or videotapes is to give my professors a chance to review my instruction and analyze the materials that I have created for use within class.

I am requesting your permission to include your son/daughter/ward in the photographs and/or videotaping. The photographs and/or videotapes will not identify your son/daughter/ward by full name, school, or personal information.

Please read the permission statement below. If you agree, please sign on the line and return the note to me.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher

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I give permission for my son/ daughter/ ward to participate in the videotaping of classroom lessons. I understand that the videotape will be used for educational purposes only and that my son’s/ daughter’s/ ward’s identity will be protected.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_