



Gateway Lab School

2501 Centerville Road
Wilmington, Delaware 19808
Phone: 302-633-4091 Fax: 302-633-5680

PHOTO PERMISSION FORM

As parents of _____ (student's name),

WE DO ____

WE DO NOT ____

consent to the use of photographs, voice recordings and written extractions, in whole or in part, of the above named student for the purpose of school advertising or publications in print or digital format including, without limitation, those distributed electronically over the internet or on the school website (www.gatewaylabschool.org), course catalogs, school brochures and other literature or information (whether oral or written), for informational purposes to share news events of the school or to promote it throughout the community. Students' names will not be disclosed with photographs.

SIGNATURE of PARENT or GUARDIAN: _____

DATE of SIGNATURE: _____

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DATE of SIGNATURE: _____

***Complete document is due back to the Homeroom Teacher by
September 14, 2018.***