Please sign and return this page to Mrs. Jo and Mr. Gardner by Due Date:		
Student Name:	Period:	
that if we have any further questions, we can content at jjohanson@washoeschools.net. We also	d understand the information in this disclosure. We know ontact Mrs. Johanson by calling 852-6700 or by emailing understand that this class is an activity-based learning nce and productive participation are critically important of you are absent. Depoali Middle School	
	STEM Lab is small, fragile, and/or in some cases very lost, broken, or damaged due to inappropriate behavior epair or replacement costs.	
Student Signature:	Date:	
Parent/Guardian Signature:		
Parent/Guardian Contact Information:		
Name:	Name:	
Home Phone #:	Home Phone #:	
Cell Phone #:	Cell Phone #:	
Email:	Email:	
Student E-Mail (if you have one):		

Reminder: Please pay the \$5.00 lab fee as soon as possible. If you have financial difficulty, contact Mrs. Johanson.

Media Services

Consent and Release Form

Kendyl Depoali Middle School is seeking your approval to:

Use your child's photograph, digital video, and multimedia products on classroom, school, or special project websites for educational purposes. Multimedia products may include, but are not limited to:

- Internet
- Blogs/Wikis/Websites (Weebly)
- Audio/Video files (voice recordings, videos, podcasts)
- Presentations (Power Point)

I (the undersigned),	, (please print) or parent/legal
guardian of	_ , (please print) hereby authorize Kendyl Depoali
Middle School to use my child's photograph, digital vide	eo, and multimedia products on classroom,
school, or special project websites (internet) for educat	ional purposes.
Signature (if 18 or older)	
Signature of parent/legal guardian	
Date	

Kendyl Depoali Middle School 9300 Wilbur May Parkway Reno, NV 89521