***Lewis and Clark School P12X***

***2555 Tratman Avenue***

***Bronx, New York 10461***

 ***The New York City Phone 718-409-9040***

 ***Department of Education*** ***Fax 718-931-8121***

 ***Email:*** ***75X012@schools.nyc.gov***

 ***Website:*** [**TheLewisandClarkSchool.org**](http://www.goeagleslewisandclark12x.org)

*Dr. Kuvana Jones, Ed.D, Principal Cesar Nina, Assistant Principal*

 *Simone Sanchez, Assistant Principal*

***The Lewis & Clark School***

**Consent to be Photographed – For School I.D.’s & Special Alerts**

I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to be photographed for a school identification card and special alert identification (e.g. – food allergies poster in the cafeteria).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (please print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (Please sign)**

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

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***La Escuela de Lewis y Clark***

***El consentimiento para ser fotografiado - Para la Identificación escolar Escuela y Alertas especiales***

Doy a mi hijo/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, el permiso para ser fotografiado para una tarjeta de identificación de la escuela y la identificación de alerta especial (por ejemplo - cartel de alergias a los alimentos en la cafetería).

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

**Nombre del padre / Guardián (en letra de imprenta)**

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**Nombre del Padre / Guardián (Favor de firmar)**

**Fecha:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_