[](https://www.google.com/imgres?imgurl=http://images.clipartpanda.com/building-20clipart-4c9ErgLyi.gif&imgrefurl=http://www.clipartpanda.com/categories/school-clip-art&docid=CIPL6eklhb2u8M&tbnid=VyHqMNosxKyikM:&vet=10ahUKEwiftoKF6p_WAhUk5IMKHTLYBJU4ZBAzCDcoNTA1..i&w=460&h=426&safe=strict&bih=806&biw=1600&q=school&ved=0ahUKEwiftoKF6p_WAhUk5IMKHTLYBJU4ZBAzCDcoNTA1&iact=mrc&uact=8)PS 153-the Homecrest School of Music

1970 Homecrest Avenue

Brooklyn, NY 11229

718-375-4484 (phone) 718-375-4439 (fax)

Mr. Carl Santa Maria, Principal

Mrs. Steffani Fanizzi, Assistant Principal

Mr. Dermott Clifford, Assistant Principal

**CONSENT/RELEASE FORM**

STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WALKING TRIP/ACTIVITY PERMISSION**

During the course of the school year students enrolled at PS 153 may participate in enrichment opportunities. These opportunities may include walking trips. All necessary safety precautions shall be observed and the activities shall not extend beyond the length of the school day. Your signature below indicates that you are granting permission for your child to participate in all such activites during the course of 2020-2021.

I give my permission in all PS 153 walking trips as planned and implemented by the school. I understand that he/she will be accompanied by a responsible PS 153 staff member at all times.

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Social Media Release**

At PS 153 we take pride in our student’s hard work and dedication. We like to document all this hard work through the use of media such as pictures and video. This may include pictures/videography of children learning in the classrooms, participating in special events, and photos of family events. In order to do so it is necessary that a release /consent be signed and dated by the child’s parent/guardian.

I hereby consent to the participation in interviews, the use of quotes, and taking of photographs, movies or videos of the above mentioned student by PS 153. I also grant the right to edit, use and reuse said products for non-profit purchased including use in print, on the internet , and all other forms of media. I hereby release the New York City Department of Education and its agent an employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_\_\_\_\_\_\_\_ I grant permission for my child’s photograph to be used as stated above.

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_