



The ESC of the WESTERN RESERVE
Vocational Consortium
Permission Form

1. I understand that the students in the ESC of Western Reserve Vocational Consortium receive out-of-classroom daily community job training experiences. _____ has my permission to participate in the activities at each planned training site.

Parent/Guardian Signature

Date

2. I understand that _____ will be photographed and/or videotaped at times throughout the school year for teaching purposes as well as program newsletters. I have checked my preference below regarding the use of the photos and videos.

_____ No, not under any circumstance

_____ Photographs are fine

_____ Video modeling is fine

_____ Social Media is fine

_____ Other/please explain

Parent/Guardian Signature

Date