

**VIDEOTAPING AND RELEASE OF VIDEOTAPE FOR
SCHOOL DISTRICT #8 (KOOTENAY LAKE)**

I hereby give permission to the Inclusive Education Department of School District #8 (Kootenay Lake) to videotape my child.

Student's Name: _____

School: _____

Purpose of Videotaping: _____

Authorize Release of Videotape to: _____

Signed: _____ (Parent
or Guardian)

Date: _____

School District #8 (Kootenay Lake) Student
Services Department
570 Johnstone Rd. Nelson, B.C.
V1L 6J2

250-352-6681 (ph)
250-352-6686 (fax)

October/07