

Trinity Valley School
Non-Consent Media Form

This is part of the students form packet and must be signed if you DO NOT want your student to be used in any TVS-related media. Please return on or before the first day of school to Central Administration. Please call 817-321-0100 with any questions.

I am the parent and/or legal guardian of _____ (“Student”) and do not give consent to Trinity Valley School to use the Student in external media relations.

Signed this _____ day of _____, 20____.

Signature

Parent or Guardian’s Printed Name