

BEST Photo and Video Release 2025-2026



Legal Name _____ Date of Birth _____
Last First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Grade _____

By signing this release, I grant BEST Skills Academy permission to use photographs or digital videos of my child for school-related materials such as the school's website, publications, social media, and other promotional materials.

I DO NOT grant BEST Skills Academy permission to use photographs or digital videos of my child for school-related materials such as the school's website, publications, social media, and other promotional materials.

Parent Signature

Date

BEST Skills Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.