

GREAT NECK PUBLIC SCHOOLS  
JOHN F. KENNEDY SCHOOL  
1A GRASSFIELD ROAD  
GREAT NECK, NEW YORK 11024

Telephone (516) 441-4200

RON GIMONDO  
*Principal*

KATHLEEN MURRAY  
*Assistant Principal*

Dear Parents and Caregivers of Grades 3-5 Students,

Through the use of our district, school and classroom websites, we have the unique opportunity to highlight school events, class activities, and other successes throughout the year. In order to promote the wonderful learning taking place in our school, photographs and videos that *visually* identify students in grades 3-5 may be published online with prior written parent/guardian consent.

Your signature below indicates your permission for your child to be included in photographs and/or video content published to our district, school or classroom websites. Student names or personal information and photographs will not be posted together as per Great Neck Public Schools Internet Publishing Policy.

Please contact your child's teacher if you have any questions or concerns.

Sincerely,

*Classroom Teacher*

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Kindly return to your child's teacher

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher

\_\_\_\_\_ I give permission for my child to be included in photographs and/or video content that may be published to the school or classroom websites.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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RON GIMONDO  
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KATHLEEN MURRAY  
*Assistant Principal*

Dear Parents/Caregivers,

Under the supervision and guidance of a classroom, special area and/or technology teacher, your child has a wonderful opportunity to participate in videoconferences, web blogs, publishing and other technology based experiences.

Your signature below indicates your permission for your child to be included in videoconferencing experiences and to have his/her work published on the Internet. Photographs of students in grades PreK-2 and other personal information will not be shared on the Internet as per Great Neck Public Schools Internet Publishing Policy. Photographs of students in grades 3-5 may be shared with your separate written consent.

Please contact your child's teacher if you have any questions or concerns.

Sincerely,

*Classroom Teacher*

---

Kindly return to your child's teacher

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher

\_\_\_\_\_ I give permission for my child to participate in videoconferences, web blogs, publishing and other technology based experiences.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date