

Watertown Public Schools

Dear Parent/Guardian:

Your child's classroom will be filmed as part of a project to document the way students are learning with the help of technology. This particular class was chosen to be part of this project because of the valuable ways in which the teacher has excelled at this effort.

Filming will take place sometime during February or March and will likely only involve one classroom period.

The attached release form, once signed by the child's parent or legal guardian, enables us to use the footage we capture. This footage will be eventually compiled into one or more documentary forms that will model the use of technology in education.

Thank you for your cooperation. If you have any questions, please feel free to call us at 617-926-7753, ext. 2002.

Ms. Lisa Breit
MetroLINC Project Director

Ms. Judi Fitts
MetroLINC Project Coordinator

PERSONAL RELEASE FORM

I hereby grant permission to MetroLINC and the Watertown Public Schools to make videotape and audio recordings of my child during an upcoming classroom session. I understand these video and audio recordings may be used for training, informational or promotional purposes undertaken by MetroLINC and/or the Watertown Public Schools in the future, and will not be misrepresented or otherwise identified in ways inappropriate to the content of the video and audio recordings.

I hereby state that I am the child's parent or legal guardian, and have the authority to enter into this Release. I also state that I make this Release of my own free will, and without financial remuneration.

Child's Name

Child's Signature

Parent/Guardian's Name

Parent/Guardian's Signature

Date