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**2018-19 SOCIAL SKILLS CONSENT TO DIGITALLY RECORD**

**Student's Name:**

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**PERMISSION TO RECORD:**

I give my permission to New Vista School to digitally record my child in his/her educational setting. I understand the recording will be used solely to assist my child in developing appropriate social skills and to reinforce such skills. The recording will be maintained by the School. The recording will not be used for outside solicitation or sale, but will remain in the sole custody of the school for said purpose only.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_