Student Application for Panther News Network

Name: _____ Date: _____

| began a live news broadcast show Network). We will invite 5 th gradeduring May to participate by become take its turn in a rotation. Each robe able to sample two anchor positivil draw straws for their assignmental members will receive a laminated. There will be opportunities for Spenjanned schedule, or ad hoc. These | ng you a new, fun learning opportunity. We each morning. It is called PNN (Panther News ers during the school year and rising 4 th graders ming news anchors. Each 5 th grade class will tation will last two weeks, where the crew will tions. At the end of each week, crew members ent for the following week. Additionally, crew picture commemorating their PNN experience. ecial Guests to appear; sometimes on a regular, see Special Guests may include the Principal (or |
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| any member of the Administrative | Team), groups of students for a specific |
| purpose, teachers, or approved gue | ests of the NPES community. |
| show format, and will read their coopening Greeting, Pledge of Alleg Special Guests, Weather, Lunch Moradcast is time-sensitive, ALL SMORNING NEWS SHOW, MUIN THE MEDIA CENTER AT Must check in at their homeroom | |
| | e that I have completed a Publicity and Media |
| Release form for my child and g | ive my permission for his/her participation in |
| PNN. Please complete the form of | on the reverse side. |
| | Date: |
| Parent Name (printed) | |
| | |
| Parent Name (signature) | |
| | |
| Parent email: | Phone Number: |

Publicity and Media Release

| will conduct activities that may be publicized through local or national news media. |
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| (Please initial) I grant permission for the Fulton County School District to use or publicly display my/my child's audio and/or video clip(s) on the District's Web site(s), individual school Web pages, closed circuit T.V., or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip of my child at its discretion. I also agree that my child/I will participate in any publicity activities for events sponsored by the District. Such activities may include, but are not limited to: interview sessions with news reporters; photographs for newspapers or various School District publications, including newsletters, calendars, and brochures; videotaping for school, local and national television newscasts, cable programming, and School District promotional videos. I understand that this permission is effective as long as I/my child attends New Prospect Elementary School or until I give further notice. NOTE: This form must be completed by the student if the student is 18 years of age or older. |
| Signature of Parent/Guardian |
| Printed Name |
| Date |