

**PLAINVIEW-OLD BETHPAGE MEDIA DECLINATION FORM**

Student's Name: \_\_\_\_\_ School: POBJFKHS \_\_\_\_\_ Grade: \_\_\_\_\_

I am requesting that the Plainview-Old Bethpage School District, to the extent possible, make every attempt to keep my son/daughter from participating in TV news broadcasts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature