



The New York City Department of Education

JOEL I. KLEIN, *Chancellor*

52 Chambers Street, New York, NY 10007

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***CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES)***

**Health Plus/NY1 Scholar Athlete of the Week**

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NAME OF STUDENT

(PLEASE TYPE OR PRINT LEGIBLY)

SCHOOL

CLASS

I, \_\_\_\_\_, hereby consent to the taking of

photographs, movies or videotapes of my son/daughter by NY1-TV.

on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_. I also grant to

NY1-TV the right to edit, use and reuse said products for non-profit purposes.

I also hereby release the Department of Education of the City of New York, and its agents and employees, from all claims, demands, liabilities whatsoever in connection with the above.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
ADDRESS OF PARENT/GUARDIAN



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Health Plus/NY 1 Scholar Athlete of the Week

Week ending Friday, \_\_\_\_\_

**NOMINATION FORM**  
(Duplicate as needed.)

High School \_\_\_\_\_

(Please type or print legibly)

Student's Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Street #

City

State

Zip Code

Student's Home Telephone Number ( ) \_\_\_\_\_

Student's School Leadership Experiences:

\_\_\_\_\_

\_\_\_\_\_

SAT Score \_\_\_\_\_

School Average \_\_\_\_\_

Athletic Participation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Community Involvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Organization \_\_\_\_\_

Student's Duties:

\_\_\_\_\_

\_\_\_\_\_

I recommend this student for consideration:

X \_\_\_\_\_ SCHOOL CONTACT: \_\_\_\_\_

Principal's Signature SCHOOL PHONE # ( ) \_\_\_\_\_

**Please attach to this application:** 1) the student's transcript and letters of recommendation 2) written verification of the student's community involvement and 3) resume

PLEASE MAIL OR FAX TO:

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