

Gate City Charter School for the Arts
7 Henry Clay Drive Merrimack, NH 03054
(603) 943-5273

November 9, 2015

Dear Parents / Guardians:

Recently, the New Hampshire Legislature passed RSA 189:68 which states: "No school shall record in any way a school classroom for any purpose without school board approval after a public hearing, and without written consent of the teacher and the parent or legal guardian of each affected student." To view the complete RSA, please go to <http://www.gencourt.state.nh.us/rsa/html/XV/189/189-68.htm>

The law now requires the school to get parent permission in order for students to be recorded, whereas before this permission was not required. As you can imagine, this new law and new requirement have impacted our students and staff a great deal. Without written permission, examples of what we can no longer do because of this new legislation include: videotaping a performance by student actors, making a recording of students singing in chorus, using video as a means of performance-based assessment, and video taping a lesson for teachers to use in developing future lesson plans. The list, for an arts integrated school like GCCSA, is endless.

Our Board of Trustees conducted a public hearing on Thursday, November 5, 2015 and approved the attached permission form to allow recordings as part of the curriculum and programs of the Gate City Charter School for the Arts.

Please find attached the new permission form, which replaces all previously signed opt-out or release forms. Please sign and return the form to GCCSA by Friday, November 13, 2015. If you have any questions, please feel free to contact me.

Sincerely,

Karin Cevasco
School Director

Gate City Charter School for the Arts
7 Henry Clay Drive Merrimack, NH 03054
(603) 943-5273

Please return this form by November 13, 2015. Thank you!

STUDENT NAME(Please Print)_____

Recording Permission Form:

I give permission for Gate City Charter School for the Arts to record my student. I understand that such recordings are being used for educational and/or school-related purposes only.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

DATE _____

SIGN BELOW ONLY TO REFUSE REQUEST

I do NOT give Gate City Charter School for the Arts permission to make recordings of my student.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

DATE _____