

PERMISSION TO PUBLISH

VIDEO/PHOTOGRAPHY/AUTHORIZATION

2024-2025

Please answer 1, 2, and 3.

1. I give permission for my child's (children) to be photographed or videotaped for educational and community relations not-for-profit use such as the church bulletin, Saints Weekly, community newspapers, marketing brochures and postcards, building videos (Christmas program) , etc.

Circle one: **YES** **NO**

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

2. I give permission for my child's (children) photograph to be posted on the school/parish website, including the home page, classroom web pages and school Facebook page.

Circle one: **YES** **NO**

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

3. I give permission for my child's (children) name to be published for community relations/PR/parish bulletin purposes for such things as honor roll, awards, etc.

Circle one: **YES** **NO**

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Child's Name

Grade
