

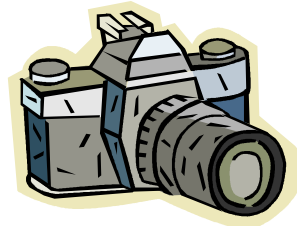
## PHOTOGRAPHY PERMISSION

Student(s) Name \_\_\_\_\_

\_\_\_\_\_ I give permission for my child's photograph to be taken at St. John's Lutheran School.

\_\_\_\_\_ I do not give my permission for my child's photograph to be taken at St. John's Lutheran School.

When you grant us permission you are giving allowing us to take your child's photo with our personal camera and display that photo at school, school website, cable, video broadcasting and/or by any newspaper or television reporter that may be at any event we have or any field trip we sponsor.



Please return the form to your child's teacher as soon as possible. Thank you.

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

Date \_\_\_\_\_

## INCLUSION FORM

By law, you have the right to not have your name or address published or released by the school. This form will help us to determine what your decision is in this matter.

\_\_\_\_\_ I do **not** want my name, address, and email address to be published or released in any way through the school. (This does mean that you will not be listed in the C.E.A. Handbook)

\_\_\_\_\_ I give permission for my name, address, and email address to be published or released by the school.

\_\_\_\_\_  
(Child(ren)'s Name)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

