



PHOTO RELEASE FORM

Student Name: _____ Date: _____

Student's Teacher: _____

The information on this form will be used throughout the student's time at Saint James' Episcopal School. It is the responsibility of the parent to update this form and submit it to the School Office when changes are necessary. Please check one:

_____ I give permission for my child and/or myself to be included in photos/videos to be taken at various times and events during the school year. I understand that Saint James' Episcopal School may use these photographs/videos at any time for print, web, or other public viewing media. I give permission for my child's name to be used in conjunction with any photo/video. (Please note that full names are only used for newspaper/magazine articles; if names are used for other media it is first name with last name initial only.)

_____ I give permission for my child and/or myself to be included in photos/videos to be taken at various times and events during the school year but **would not like** my child's name and/or my name to be used in conjunction with any photo/video. I understand that Saint James' Episcopal School may use these photographs/videos at any time for print, web, or other public viewing media.

_____ I do not give permission for my child and/or myself to be included in photos/videos to be taken at various times and events during the school year.

Signature _____ Date _____

CONTACT INFORMATION AUTHORIZATION

Printed Name _____

Please check one:

_____ I give permission for my contact information to be shared with the Parent Association and families in my child's class to help facilitate volunteer opportunities, play dates, parties, etc. The best way to contact me is:

Email: _____

Cell: _____

Home: _____

_____ I do not give permission for my contact information to be shared.

Signature _____ Date _____