

St. Joachim Pre School / School

Permission Form for the Publishing of Student Photos

Name of Student:	Grade:
Group Picture (Two or more students in the photo)	
I understand that my daughter's or son's photograph (as part of connection with school activities, may be placed in printed mate School website and that only my child's first name will be used.	
Individual Picture I understand that, with my permission, my individual photograph, in connection with school activities, may Joachim School website and that only my child's first name will	be placed on the St.
\square I/We do grant permission \square I/We do not grant permis	ssion Parent's Signature:
Publishing of Student Work	
I understand that my daughter or son's artwork, writing or othe considered for posting, for publication, or posting on the St. Joac that only my child's first name may be used to identify his or he	chim School Website, and
By my signature below, I verify that I have read the above, and obox, to indicate my understanding of and permission related to and/or student work of my child.	
Parent's Signature:	Date:
Printed name:	