

FAITH LUTHERAN SCHOOL
PHOTOGRAPH RELEASE FORM

I, _____, give permission to use _____
Parent/guardian's Name Student(s) Name(s)

photograph in promotional materials for Faith Lutheran School and it's affiliates

This permission remains in effect unless revoked in writing by the child's parent or guardian.

Signed,

Signature

Date

School Directory

_____ YES, we would like to be in the school directory

_____ NO, we would not like to be in the school directory

STUDENTS NAME GRADE

STUDENTS NAME GRADE

STUDENTS NAME GRADE

MOTHER OR GUARDIAN NAME HOME PHONE CELL NUMBER

ADDRESS CITY ZIP

EMAIL ADDRESS

FATHER OR GUARDIAN NAME HOME PHONE CELL NUMBER

ADDRESS CITY ZIP

EMAIL ADDRESS