



St. Michael's School

PERMISSION AND RELEASE

Rev. 7/2015

Child's Last Name: _____ First Name: _____

REQUIRED:

_____ I give permission for my child to participate in walking field trips and activities throughout the school year in the local area, not to exceed more than 500 yards from the school.

_____ I give permission for my family's contact information to be distributed to teachers, staff, and Room Parents for communication purposes. This information will not be sold or distributed outside of St. Michael's School.

_____ I give permission for photos or videos of my child attending school events to be used **WITHIN THE SCHOOL COMMUNITY ONLY AND NOT DISTRIBUTED OUTSIDE OF ST. MICHAEL'S SCHOOL**. Examples of such uses include the school yearbook, class newsletters, holiday crafts, and classroom bulletin boards.

OPTIONAL:

_____ I give permission for my child to be photographed or videotaped in school events. These may be used for legal purposes **OUTSIDE OF SCHOOL** such as on posters, newspaper articles, advertising and/or on the website, so long as **no personal information related to the child is disclosed**.

Parent Signature

Printed Name

Date of Release