

Family Name: \_\_\_\_\_

**Immaculate Conception School  
Permission Slip for Photo Release**

**Dear Parent/Guardian:**

**As a way of sharing good things that happen at Immaculate Conception School, we intend to submit press releases and photographs to local newspapers. Please check one of the blanks below, sign the form and return to the classroom teacher.**

**Thank you for your cooperation. We are looking forward to many “photo opportunities” and many good things to share.**

.....

**Student(s)**

\_\_\_\_\_

**Grade(s)**

\_\_\_\_\_

**Yes, I give permission to release photos that include my child(ren).**

**No, I do not give permission to release photos that include my child(ren).**

**Yes, I give permission to release photos that include my child(ren) but, may not release my child(ren)’s name(s).**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**