

**Saint Mary of the Assumption Parish**  
**Religious Education**  
**PHOTO RELEASE FORM**  
**2017-2018**

Student(s)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Photographs may be taken of students during the program year. I give permission for my child(ren) to be photographed by church staff. I understand photos may be posted on the parish's website, weekly bulletin, facebook page, or in the local newspaper.

- Yes, my child(ren) may be photographed.
- No, I do not want my child(ren) photographed.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_