

To whom it may concern:

I hereby give permission for my son/daughter

\_\_\_\_\_to be photographed or videotaped at Holy Family School. I realize that the photo may be published in the newspaper, a magazine, the school website, Television, or other publication. The video may be used for informational or educational purpose regarding the programs or curriculum at Holy Family School.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Room # \_\_\_\_\_ Student Room # \_\_\_\_\_  
Student Room # \_\_\_\_\_

During the school year, we are often approached by HASA or the Coaches for the release of phone numbers. We are asking your permission to release that information for any or all appropriate school purposes.

\_\_\_\_\_Yes, I give permission to release my phone number for school related activities.

\_\_\_\_\_No, I do not wish my phone number released

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Room # \_\_\_\_\_  
Student Signature \_\_\_\_\_ Room # \_\_\_\_\_  
Student Signature \_\_\_\_\_ Room # \_\_\_\_\_

**Signed and returned by September 16, 2011**