

# Student Image Permission Form

2017-2018

\_\_\_\_\_ I **do** grant permission to St. Thomas the Apostle School for my child's photo and name to be included in: press releases; school publications, including the school's website; and other print or electronic media.

\_\_\_\_\_ I **do not** grant permission to St. Thomas the Apostle School for my child's photo and name to be included in: press releases; school publications, including the school's website; and other print or electronic media.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date