

St. Paul Lutheran CDS Information Release Form

I give _____ I DO NOT give _____

permission for my child to have their name, phone number, and Email address posted on the class list that is available to room parents.

I give _____ I DO NOT give _____

permission for my child's picture to be taken and utilized by the school for class projects and art work that will only be displayed at the school.

I give _____ I DO NOT give _____

permission for my child's picture to be taken and shared with other parents in my child's classroom through the classroom management app, text messaging, and/or email.

I give _____ I DO NOT give _____

permission for my child's picture to be taken and utilized by the school for newsletters, school and church websites, and any other social media utilized by the school and/or church. Names will not be posted with pictures that are placed on the website or other social media.

Child's printed name

Parent's signature

Parent's printed name

Email address

Date

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE AT ST. PAUL CDS

THANK YOU