

**Photo Permission Form**

Dear Parents:

Throughout the year, we like to photograph/videotape our children during special class projects, programs, and events at school, our annual class photos in the Fall, and Pre-K 4 Graduation pictures. We need your permission to do so. This form grants/withholds required permission. Please check the following to give or withhold permission. Please make sure you mark a "yes" or "no" for each section. If a choice is NOT made, we will assume your answer is "yes."

Child's Name: \_\_\_\_\_

I give permission for photographs of my child, named above, to appear in the following: (please check Yes or No for each):

\_\_\_\_ Yes \_\_\_\_ No **In-School/Church Displays** - including but not limited to bulletin boards, class-made projects.

\_\_\_\_ Yes \_\_\_\_ No **Outside Publications** - The Fayette County Record.

\_\_\_\_ Yes \_\_\_\_ No **Church/School Web Site** - including but not limited to main pages, class pages, or special event pages.

X \_\_\_\_\_  
Signature-Parent or Legal Guardian

X \_\_\_\_\_  
Date