

PHOTO RELEASE FORM

CAMPUS: _____

Pope John Paul II Catholic Academy is making a strong effort to promote the positive activities, honors, and work of our students. This includes preparing publications and videos as well as working with the media, the Campaign for Catholic Schools, and other Archdiocesan communications offices.

Please fill out the form below to inform us of your wishes regarding interviews, photographs, videotapes, or other publications that may potentially include your child.

PLEASE PRINT. Use a separate form for each child. Please return this form to your child's homeroom teacher.

Student Name _____ Grade _____

Parent/Guardian Name _____

___ I give permission for my child to be included in any pictures, videotaping, publications, and/or interviews for use by Pope John Paul II Catholic Academy, the Campaign for Catholic Schools and other Archdiocesan communications offices, including, but not limited to publication via web site, newspapers, radio, or television.

___ I request that you do not include my child in any pictures, videotaping, publications, and/or interviews.

Parent/Guardian Signature: _____ Date: _____

REMINDER: Please return this form to your child's homeroom teacher.

This form will be kept on file at your child's school.