

ASCENSION SCHOOL - PHOTO, VIDEO, WEBSITE RELEASE

Name/s of child/ren (please print)

Last Name _____
First Name/s _____

Parent/Guardian Name _____

I do hereby give and grant to Ascension School permission to use my child/ren's name, photograph or videotaped image in publications, video productions, or school internet website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release. **The school does not publish names with student's pictures on the website.**

Signature Parent/Guardian _____ Date: _____
Witness: _____ Date: _____

____ I do not want my child/ren's name, photograph, and/or videotaped image in publications, video productions, and/or school internet website.



ASCENSION SCHOOL - EMAIL RELEASE

Dear Parent/s,

Please check those listed below with whom we may share your email address:

____ Youth Ministry

____ Other Parish Events

____ Room Parent/s

Print Name/s _____

Thank you,

Susie Thomas