

PHOTO-VIDEO RELEASE

To whom it may concern:

I hereby give permission for my son/daughter _____ to be photographed or videotaped at St. John Vianney Catholic School. I realize that the photo may be published in the newspaper, a magazine, the school website, or other publication. The video may be used for information or educational purposes regarding the programs or curriculum at St. John Vianney Catholic School.

Signed: _____

Date: _____

Return by August 23, 2007

PARENT SIGNATURE PAGE

I have read the 2007/2008 Parent/Student Handbook St. John Vianney Catholic School and agree to follow the school policies and procedures as stated.

PRINT Family Name: _____

Parent Signature

Date

Parent Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date