

PHOTO RELEASE AND AUTHORIZATION

2016 -2017 School Year

(One form required per family)

Family Name: _____

Address: _____

Please list child/children's names:

PHOTO RELEASE AND AUTHORIZATION

ST. BARNABAS SCHOOL POLICY STATEMENT

I (we), the parent(s) of my (our) minor child (children) listed above, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) child (children) during enrollment at St. Barnabas School by an employee, agent or representative of St. Barnabas School or independent contractor.

This release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of St. Barnabas School and may be used by St. Barnabas School for Yearbook, School Newspaper, classroom use, local newspaper, and Internet without further notice or any compensation to me or to my son or daughter.

Please check the publications below:

St. Barnabas Yearbook
 School Newspaper and Classroom
 Newspaper (ex: Newsleader)
 Internet

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. I have read and understood the **Parent-Student Handbook** for St. Barnabas School.
2. I have read and understood **the Code of Conduct** for St. Barnabas School.
3. I have discussed the **Handbook** and **Code of Conduct** with my spouse and my child/children.
4. I realize the high costs involved in Catholic education, and agree to assume my complete financial obligation for this school year as set forth in the re-registration form.

 Parent/Guardian's Signature

 Date

 Minor Student Signature

 Date

 Minor Student Signature

 Date

 Minor Student Signature

 Date

 Minor Student Signature

 Date

 Minor Student Signature

 Date