

Family Christian Academy
PHOTO RELEASE FORM

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|---------------|-------------------|
| Student _____ | School Year _____ |
| Student _____ | School Year _____ |
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Throughout the school year our students are photographed or videotaped while participating in classroom activities/fieldtrips. These photographs may be used as class projects/bulletin boards/school web pages/classroom newsletters/school information guides/newspapers.

Please give your permission for your child to be photographed and videotaped as part of these educational experiences.

- Yes, I give permission for Family Christian Academy to use photographs or videos of my child (children), as well as artwork or stories produced by my child/children as part of these educational experiences.
 - Yes – with full name
 - Yes – with first name only
 - Yes – with initials

- No, I do not want my child's/children's picture, name or artwork samples to appear in any areas listed above.

This permission does not extend to instructors' personal sites.

This permission is only for usage by Family Christian Academy for use on Facebook page, website, Youtube or other printed material.

Parent / Guardian Signature: _____ Date: _____

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