

CONSENT / RELEASE FORMS

PHOTOGRAPHS

I/WE AUTHORIZE DEER CREEK CHRISTIAN SCHOOL TO TAKE PHOTOGRAPHS OF MY CHILD THAT MAY BE USED FOR PUBLICITY PURPOSES.

STUDENT NAME

GRADE

SIGNATURE OF PARENT/GUARDIAN

DATE

PERSONAL INFORMATION RELEASE

I AGREE / DO NOT AGREE (CIRCLE ONE) THAT MY CHILD'S NAME, MY NAME, ADDRESS AND PHONE NUMBER MAY BE MADE AVAILABLE TO OTHER FAMILY MEMBERS IN THE SCHOOL PROGRAM. (EXAMPLE: CLASS DIRECTORY, ROOM PARENTS LIST, ETC.)

STUDENT NAME

GRADE

SIGNATURE OF PARENT/GUARDIAN

DATE

Please return this form with registration.