

**St. Patrick SUCCEED Academy 2010-2011**

**Photo Permission Form**

**(Please sign and return)**

I/We the parent(s) of \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ grade \_\_\_\_\_

DO / DO NOT (*please circle*) grant permission to St. Patrick SUCCEED Academy to take photographs of our child/children for the school website and other publications for the purpose of displaying school activities, events and classroom participation. I/We also understand that first names only may be used when appropriate.

Signature \_\_\_\_\_  
(Mother/Guardian)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Father/Guardian)

Date \_\_\_\_\_