



FAMILY PERMISSION FORM

(PLEASE PRINT INFORMATION) LIST ALL STUDENTS

STUDENT NAME: _____ GRADE: _____ STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____ STUDENT NAME: _____ GRADE: _____

PARENT NAME _____

IN CASE OF AN EMERGENCY, ILLNESS OR ACCIDENT TO THE CHILD(REN) NAME(S) ABOVE, THE SCHOOL WILL CONTACT THE PARENT OR ALTERNATE PERSON LISTED ON THE STUDENT EMERGENCY SHEET IMMEDIATELY. IN THE EVENT THAT A PARENT CANNOT BE REACHED, I AUTHORIZE THE SCHOOL AUTHORITIES TO ARRANGE TRANSPORTATION OF MY CHILD TO THE NEAREST HOSPITAL OR MEDICAL FACILITY FOR TREATMENT.

PARENT SIGNATURE

DATE

PERSONS WHO HAVE PERMISSION TO PICK UP YOUR CHILDREN

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

FAMILY DIRECTORY PERMISSION

EACH YEAR WE PUBLISH A FAMILY DIRECTORY WHICH IS CREATED FOR OUR SCHOOL COMMUNITY TO USE AS A CONVENIENT COMMUNICATION TOOL. THE INFORMATION IN THE DIRECTORY IS TO BE USED SOLELY FOR SCHOOL PURPOSES – NO SOLICITATION! IF YOU WISH TO BE INCLUDED, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW. STUDENT NAMES AND GRADES WILL BE INCLUDED IN THE DIRECTORY. PLEASE CHECK BELOW, IF YOU DO NOT WISH TO BE INCLUDED. (**PLEASE PRINT**)

PARENT NAME(S) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ HOME PHONE _____

FATHER'S CELL PHONE _____ MOTHER'S CELL _____

_____ I DO NOT WISH TO BE INCLUDED IN THE FAMILY DIRECTORY.

DO NOT PHOTOGRAPH

DURING THE SCHOOL YEAR, WE MAY BE TAKING PHOTOGRAPHS (DIGITAL) AND POSSIBLY FILMING A VIDEO OF THE STUDENTS WHILE THEY ARE AT RECESS, DURING LITURGIES, SPORTS EVENTS, SCHOOL ASSEMBLIES, IN THE CLASSROOM, WORKING ON FUND-RAISERS, ETC., IN ESSENCE, CAPTURING STUDENT LIFE HERE AT ST. JOSEPH/MARQUETTE.

THE PHOTOGRAPHS WILL BE USED IN THE SCHOOL'S ANNUAL REPORT, CALENDAR, HANDBOOK, LEGEND NEWSLETTER, THE SCHOOL BROCHURE AND ON OUR WEB PAGES. THE VIDEO WOULD BE USED FOR PUBLIC RELATIONS AND RECRUITMENT.

PLEASE SIGN HERE, ONLY IF YOU DO NOT WISH YOUR CHILD TO BE PHOTOGRAPHED OR FILMED

PARENT SIGNATURE

DATE

(SEE REVERSE SIDE)