



PERMISSION TO PHOTOGRAPH

CHILD'S NAME: _____ SCHOOL YEAR: _____

WRNS requests permission to use photography of students in informational and publicity materials, including, but not limited to the WRNS newsletter, website, bulletin boards, materials for open houses, flyers, etc.

Yes, I grant permission for use of my child's photograph.

No, please do not use my child's photograph.

PARENT / GUARDIAN NAME: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____