

Date: _____

School Year: 2009-2010

St. Gertrude School asks for your consent to use this student's name and likeness, whether in still, or in video, photograph and/or other reproduction, with or without a name, for any purpose associated with any projects for St. Gertrude School.

St. Gertrude may exercise the rights granted herein in any way it sees fit.

Student(s)

Grade(s)

Street Address

City, State, Zip

Phone

E-Mail

Please check the appropriate box(es):

- Yes, I grant permission for St. Gertrude School to use my child's likeness as stated above.
- My consent is extended for use of my child's likeness on the school web site.
- My consent is extended for use of my child's name for Honor Roll.
- No, I do not give consent for any of the above.

Parent or
Guardian: _____