St. James School
143 Main Street, Johnson City, NY 13790
607.797.5444

Permission to Release 2016-2017

Throughout the school year there are various projects and special events that require the use of your child's address, phone number (birthday invitations, learning addresses and phone numbers, posting information in the room).

Please complete this form for (one per student)

- Addresses
- photo/videos

Child's Name: _____

I give permission to release my child's name, address and phone number to classmates.

Circle One: YES NO

Any stipulations: _____

I give permission for my child's photo/video to be used at or on

School: YES NO

Website: YES NO

School Social Media YES NO

(Facebook, Instagram, Twitter)

Any stipulations: _____

Parent/Guardian Signature_____

Date_____