St. Joan of Arc PSR
<u>Picture Consent Form</u>
2017-2018

I understand that still and/or video cameras may be used during some activities and may be used in future publications (and/or) for advertising. **No names will be used.**

I, as the parent/legal guardian of _____ (child/ren) **<u>DO</u>** hereby grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2017-18 school year.

_____ ____/____/____
Parent/Guardian Signature Date

- OR -

I, as the parent/legal guardian of _____ (child/ren) **<u>DO NOT</u>** grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2017-18 school year.

_____ ____/____/____
Parent/Guardian Signature Date