

## PHOTO/ACADEMIC WORK PERMISSION FORM

Throughout the school year photos, video and/or interviews may be taken of the students as they engage in activities at St. Zachary School.

St. Zachary School uses photos and/or academic work of students in school/parish publications to share information about the school. School publications include, but are not limited to: the school website, school yearbook, student academic work, advertisements, annual reports, posters, newsletters, parish bulletins and other public relations materials.

Additionally, local news organizations may hear of our activities or events, and our school may invite or allow them to photograph or record our events.

Please check and sign below:

\_\_\_\_\_ My child's photo, video or academic work may be published in any format including group or individual photos.

\_\_\_\_\_ My child's photo, video or academic work may **not** be published in any format including group or individual photos.

Printed Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If this form is not received by the school office it is assumed that you give your permission for your child's photo or academic work to be included in any form of communication.**

**Insurance Notification Form  
Student Accident Insurance  
2011/2012**

Yes\_\_\_\_\_ I purchased this insurance offer and mailed it to the company. One application per student. Additional forms are available in the school office.

No\_\_\_\_\_ I do not wish to purchase this insurance offer.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Name: \_\_\_\_\_ (Please print)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ice Cream Treat Release Form  
2011/2012**

At certain times during the school year ice cream treats are provided for the students. We would like to know if your child has any food allergies to ice cream so that they may be served a different treat.

Student Name: \_\_\_\_\_ Can/Can not have ice cream treat (circle one) Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Can/Can not have ice cream treat (circle one) Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Can/Can not have ice cream treat (circle one) Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement of Receipt  
2011/2012**

We have received and read the St. Zachary Catholic School Handbook and Calendar for the current school year:

Family Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_