

Photo/Video Permission Slip

I give permission to have my child(ren) photographed and videotaped. I also allow Trinity school to use any mechanical reproduction thereof.

Parent Signature

Date

I **do not** want my child(ren) to be photographed or videotaped.

* Please list exceptions:

Parent Signature

Date

Please initial and sign the Student/Parent Signature Sheet

2017-18 School Year

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