



Permission to Photograph/Videotape Students

As a parent of a student(s) at Holy Sepulcher School I acknowledge that marketing and public relations are essential to the success of our school.

I understand that a part of the marketing and public relations will possibly involve videotaping or picture taking of members of the student body.

_____ I give permission

_____ I do not give my permission

for my child(ren) _____

to be photographed and/or videoed by authorized representatives of Holy Sepulcher School or designated photographers. The sole purpose is for public relations and marketing of Holy Sepulcher Catholic School.

Please note, full name of child(ren) will not be used without parent permission.

Parent Name (please print) _____

Parent Signature _____

Date: _____