

Directory and Photography Permission

Child's Name _____

Home Phone _____

Class in school _____

I agree to have my (our) name(s) and telephone number included on my child's class roster, which will be made available upon request to any parent whose child is enrolled in my child's class

I further agree to allow my child's photographic, videographic, and/or digital image to be used by St. Mark's Lutheran School for appropriate promotion and publicity purposes.

Yes _____ No _____

Parent's Signature _____ Date _____



Permission to Transport Student

The following individuals are permitted to transport my child to/from school. I understand that in some circumstances they may be required to identify themselves when not recognized by staff members. I further understand that individuals picking up students at times other than regular dismissal will be required to follow sign-out procedures in the office prior to taking custody of the child.

Child's Name _____ Class _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent's Signature _____ Date _____