

Temple David Weiger Religious School

PHOTO, VIDEO and INTERNET PERMISSION

I give permission to have my child photographed and/or videotaped, and agree that these images may be used for school or Temple David publicity purposes, school or Temple displays, and/or school- or Temple-related websites. First and last names of your child will only be used if required by the publication.

Child's Name and Grade: _____

Child's Name and Grade: _____

Child's Name and Grade: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Please return this permission slip with your registration forms.