

SANTO NIÑO REGIONAL CATHOLIC SCHOOL

Photo-Video Release Form

To Whom It May Concern:

_____ I hereby give permission for my daughter/son _____
Print Students Name legibly

to be photographed or videotaped at Santo Niño Regional Catholic School and any of the school's activities. I realize that the photo/video may be published in the newspaper, a magazine, the school website, or other publications. The photo/video may be used for information, educational, or promotional purposes regarding the programs or curriculum at Santo Niño Regional Catholic School.

Parent Signature Parents Print Name Legibly Date

_____ I do not give permission for my daughter/son _____
Print Students Name legibly

to be photographed or videotaped at Santo Niño Regional Catholic School or at any of the school's activities.

Parent Signature Parents Print Name Legibly Date