



PUBLICITY PERMIT

Student Last Name: _____ Student First Name: _____

Throughout the school year, we are asked to take part in local publicity releases by way of pictures, newspapers, radio time, newsletters, and both Grace Christian Academy and Grace Community Church websites. If you do, or do not want your child's picture or name to be used in such publicity releases, indicate your desire below.

All photos of students whose pictures are included in newsletters and websites will include no personal identification.

_____ I see no objection to my child having his or her picture and/or name used in connection with the public relations program of the school.

_____ I object to my child having his or her picture and/or name used in connection with the public relations program of the school.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(both parent signatures are required)