

Lourdes Catholic School Consent Form
2011 - 2012



Student: _____

Student: _____

Student: _____

Student: _____

Student: _____

Student: _____

Please initial each line if permission is granted.

_____ Photo Consent

I hereby grant permission for the above mentioned student(s) to be included in the photographs, videos and other recordings made in connection with Lourdes Catholic School and/or the Diocese of Davenport.

_____ Directory

I hereby grant permission for our family name, address, and phone number to be published in the Lourdes Catholic School Directory.

_____ If my home number is my cell phone number, I give permission for my cell number to be included in the directory

_____ Email

I hereby give permission for Lourdes Catholic School to send me the Principal's Post and any other school related information by email.

Email address(es):

_____ Assumption High School

I hereby grant permission for Lourdes Catholic School to give my child's name and address to Assumption High School to receive mailings regarding enrollment, sporting events, camps, etc.

I have read, understand and agree to the statements initialed above.

Parent/Guardian Signature

Date