



SAINT MONICA
CATHOLIC ACADEMY

Permission Slip for Photographing Your Child

I _____

give permission to Saint Monica Catholic Academy to make or use pictures, slides, digital images, or other reproductions of my child:

and put the finished pictures, slides, images, or other reproductions to use without compensation in productions, publications, or the web or other printed electronic materials related to the role and function of Saint Monica Catholic Academy.

Child (ren)'s Name(s) please print:

Parent/Guardian Signature:

Date: _____