



Photo Permission Form

Last name: _____

First Names: _____

I give permission* for my child(ren) listed above to be photographed by teachers and staff to use for Public Relations purposes at any time. (Newsletters, brochures, ASHAR's website, school video, etc.)

**Permission may be revoked at any time with written notice.*

I **do not** give permission for my child(ren) listed above to be photographed by teachers and staff to use for Public Relations purposes at any time.

_____ Date

_____ Parent Name

_____ Signature