

TEMPLE AVODAH RELIGIOUS SCHOOL
3050 Oceanside Road
Oceanside, New York 11572

PHOTO RELEASE FORM

Dear Parent/Guardian:

Temple Avodah will have occasions and events that Temple Avodah may like to feature in printed materials, promotional materials or on its website. We value your child's participation, and ask for your permission to include him or her. This year we will be launching a Shutterfly site in order to keep parents informed as to what the children are learning in school on a weekly basis. Please indicate by checking the box(es) below whether your child has permission to participate and return your form promptly.

Thank you,

Marilyn Greenspan, Educator

Check all that apply

I give permission to have my child's photos or images on printed materials or on the Temple Avodah website.

I give permission to have Temple Avodah feature my child's schoolwork or participation in events.

You may provide a credit to my child if his/her work or he/she is shown as:

____ First name only

____ First and last name

I give permission to have my child's photo on the Temple Avodah Religious School Shutterfly site (password protected)

I do not want my child photographed or videotaped.

Comments:

Child's name _____

Parent/Guardian's name _____

Parent/Guardian's signature _____