



2011 – 2012 PARENT AUTHORIZATION FORM

Please check off each area below for each of your children who attend St. Bernadette School and return this form to the School Office on Friday August 12th. Please print clearly. Thank you.

I give permission for my child(ren) to use the internet for academic purposes: Yes No

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

I give permission for my child(ren) to be photographed from time to time for school media releases: Yes No

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

I give permission for my name, address, phone #, e-mail and child(ren)'s name and grade to appear in our Parent Directory: Yes No

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

Parent Signature: _____

Date: _____