

Photo and Social Media Release Form

I _____ give my consent or _____ do not give my consent to the participation of my child or children in interviews, the usage of quotes, the appearance in photographs, movies, print or video tapes for promotional purposes.

I _____ grant or _____ do not grant the right to edit, use and reuse these words and images in the promotion of Saint Augustine Catholic School.

Print Student Name _____

Print Parent Name _____

Parent Signature _____ **Date** _____

Please sign and submit this form to your child's Homeroom Teacher by Friday, September 12, 2025.