



5192 Shady Grove Road
Memphis, TN 38117

Phone: 901-682-9692
Fax: 901-328-9798

******Please fill out one form for each student******

I have read and understand the St. Louis Catholic School handbook. I have discussed these policies with my child.

Parent Signature: _____ Date: _____

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### Photo/Video Release Form

Name \_\_\_\_\_ Grade \_\_\_\_\_

Permission is given for the above named student to be photographed or videotaped at St. Louis Catholic School or at any Diocesan event. I realize that the photos may be published in the newspaper, a magazine, school website, or other publication for educational or informational purposes. The videos may also be used for educational or informational purposes regarding the programs or curriculum at the school or in the Diocese.

Signed (Parent) \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign below if you do **not** wish for your child's photo to be used in any publication or video.*

Print Parent Name \_\_\_\_\_

Date \_\_\_\_\_