

2009-2010 Parental Authorization Checklist

(Please initial those you approve)

Name of STUDENT(s): _____

_____ I grant general permission for still and live photography to be captured by TLS for purposes of marketing and public relations. (No names are used with pictures.)

_____ I give permission for the school to include my name, address, and phone number in the school directory.

Address: _____

Phone Number: _____

_____ I give permission for my email address to be listed in the school directory.

Email Address: _____

_____ As in past years we will be sending the newsletter electronically. The sender will be named "Trinityschooloffice". We will be using the home email address you gave the school office on your child's emergency form. If this is correct, please initial on the line above and please list any alternate email address below (other than your home email) where you would like the newsletter sent.

Alternative email address: _____

– OR –

_____ If you would like **to receive a paper copy** of the Viking News, please complete the line below. We will give your child the paper newsletter each week to take home.

Name of oldest child: _____

Grade: _____

IF THIS IS NOT RETURNED ON OR BY THE MANDATORY PARENT MEETING YOU WILL NOT BE INCLUDED IN THE SCHOOL DIRECTORY

Parent Name(s): _____

Parent Signature: _____

Date: _____