

CHRISTIAN ACADEMY of ARTS, SCIENCE and TECHNOLOGY (CAAST)

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PERMISSION TO PHOTOGRAPH

I, _____, the parent of student _____,
give permission for my above named child to be photographed while at CAAST.

I understand that these photographs may be placed on several promotional materials, which may include, but not limited to the internet, brochures, pamphlets, flyers, etc.

Parent Signature: _____ Date: _____

I do not wish for my child to be photographed while at CAAST. I do not want photographs of my child
_____ to be placed in/on any promotional material.

Parent Signature: _____ Date: _____