



THE SCHOOL AS A COMMUNITY

School Publications

_____ Yes _____ No I hereby give permission for my child and myself to have photographs and/or names appear in school publications (i.e. school yearbook, school brochure, Visions newsletter), videos, news articles relating to school events, website, and promotional materials approved by the school and/or the Archdiocese.

Children's names

Parent/Guardian Signature _____ Date _____

Family Participation

As a school community, St. John the Evangelist Catholic School has various functions to which immediate family members and grandparents/special friends are invited. Please provide the following information:

Grandparents/Special Friends

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____