

The Woods Private School

Release of Information

Student's Name: _____

Teacher: _____

Please check one box below:

I grant permission to have my name, phone number, and email address released to my child's class for birthday invitations, class communications, etc.

I do not want my information released.

Parent's Name: _____

Parent's Signature: _____

Photographs/Public Relations Waiver

All photographs will be used in a responsible way; photographs promote school activities in both electronic and print communication.

Please initial one statement below:

____ Photographs/Videos may be shared within the class.

____ Photographs may be used for public relations and social media (first and last names will not be used to identify individuals).

____ Please do not release my child's photos for public relations or social media.

Parent or Guardian Signature: _____

Date: _____



Please direct any questions to us by calling 281-370-8576.