



**Photo Permission Form**

I/we do hereby give consent for St. Joseph School and Preschool to photograph and/or videotape my child(ren):

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\_\_\_\_\_

By signing this form, I understand these pictures may be used for various projects, the St. Joseph Annual Fund brochure, the St. Joseph School website, and for any other public relations purpose. I also hereby release any rights to these photos or videos.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**St. Joseph School Mission Statement**

*Working with parents and using the resources of the Diocese of Madison, community, and faculty, St. Joseph School seeks to direct, facilitate, and coordinate learning with the classrooms while witnessing to the central beliefs of our Catholic faith.*