



**St. Thomas the Apostle School
Media Release**

Child Name: _____ Grade: _____

I give permission for St. Thomas School to use our child's image in the following venues to help promote and spread the school message of "Faith in Every Student."

Parent Signature: _____ Date: _____

	Newspaper Image
	Newspaper Name Identification
	Website Image
	Videotape
	Brochure Image
	Facebook Image
	Yearbook Image (other than school photo)
	Yearbook Name Identification
	Church Bulletin Name
	Church Bulletin Identification
	In School Displays/Publications Image
	In School Displays/Publications Name
***	<i>Please be aware when newspapers cover school functions and events are sometimes not made aware of coverage pre-printing. All effort is made to approve names and images before published.</i>

If I placed an "X" in the box I do not give consent for my child's image to be used.

Please fill out one release for each student and return to school by August 28, 2013. Thank you!