

Saint Luke Christian Day School
9100 Colesville Road
Silver Spring, MD 20910
301-588-3866

**Photo and Directory Release
School Year 2018-2019**

Child's Name: _____

(Please circle one)

I **DO/DO NOT** give permission for my family's contact information to be publicly included in my child's classroom email distribution list.

(Please circle one)

I **DO/DO NOT** give permission for my child's photo to be published in school information, both external and internal, for use as the school may determine. This includes print, internet and other communications in which my child's photo, but no identifying text, may be used.

Signed: _____ Date: _____
Parent/Guardian

Please circle each, sign and return with your contract. Your enrollment is not complete without this form.