

## PERMISSION SLIP

\*\*This form must be filled out, signed and returned in order for your child to appear in the yearbook\*\*

Please choose one of the following options below for how you would like your child's information to appear in the fifth grade yearbook:

\_\_\_\_ I hereby authorize my child's picture and any of the information he/she provides to be included in the yearbook.

\_\_\_\_ I **do not** want my child's picture in the yearbook but do want his/her name and information included.

\_\_\_\_ I **do not** want my child included in the yearbook in any capacity.

\_\_\_\_ Other (please specify if you would like something other than the above options).

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Student's Name: \_\_\_\_\_ Room #: \_\_\_\_\_

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