

---

**ST. JAMES SCHOOL REGISTRATION 2010-2011  
PHOTO/RECORDING CONSENT**

---

**PROGRAM DESCRIPTION**

---

The Diocese of Kansas City – St. Joseph requires that parents/guardians provide consent for their children to be included in photographs, videos, and recordings.

---

**STUDENT INFORMATION**

---

Please provide the following:

Name(s) of Student(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

**CERTIFICATION**

---

I hereby grant permission for this/these student(s)/child(ren) to be included in the photographs, videos, and other recordings made in connection with St. James School and/or the Diocese of Kansas City – St. Joseph for the above named school year.

I have read, understand and agree to the above statement.

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