

Photo-Video Release

To whom it may concern:

I hereby give permission for my son/daughter _____ to be photographed or videotaped at Notre Dame Catholic School. I realize that the photo may be published in the newspaper, a magazine, the school website, or other publication. The video may be used for informational or educational purposes regarding the programs or curriculum at Notre Dame Catholic School.

Signed: _____

Date: _____

Please return to the school office by the 1st day of classes.

ACCEPTABLE USE POLICY

I understand that the Internet access at Notre Dame Catholic School is designed for educational purposes, and that my use of this system must be in accord with the educational and religious goals of Notre Dame Catholic School. I further understand that for any violation of the *Acceptable Use Policy* my access privileges may be revoked and school disciplinary action will be taken.

My signature below indicates that I understand and agree to abide by the attached *Acceptable Use Policy* for Internet access use at Notre Dame Catholic School.

Parent Signature

Date

Student Signature

Date

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Please sign this attachment and return it to the school. Thank you.