

**SAINT ISIDORE SCHOOL**

603 W. Broad Street  
Quakertown, PA 18951  
Phone # 215-536-6052  
Fax # 215-536-8647

**PHOTO RELEASE**

For our files, we are requesting your permission for the use of pictures or films of students of St. Isidore’s School whenever such pictures or films are used in any form of publication or viewing approved by the school. This permission is for the length of your child’s enrollment in St. Isidore School. Please indicate your preference by **signing ONE** of the statements below. Thank you.

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A. Pictures or films of \_\_\_\_\_ may be used  
*Student’s Name*  
whenever approved by St. Isidore School and my child’s name may be used in conjunction with the pictures or films.

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

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B. Pictures or films of \_\_\_\_\_ may be used whenever  
*Student’s Name*  
approved by St. Isidore School but no name may accompany such use.

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

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C. Pictures or films of \_\_\_\_\_ may not be used  
*Student’s Name*  
deliberately or specifically by St. Isidore School in publications or on television.

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

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**\*\*Please note – new this year:**

I understand that while educating remotely (during inclement weather days) that my child's face, voice or name may be viewed, heard and shared among classmates. There is absolutely no recording of classes.