



Directory/Photo Permission

1. _____ **I would** like my name, home address, and phone number to be included on the list provided to the parents in my child's classroom at GSLC.

OR

_____ **I do not** want my name, home address, and phone number to be included on any list given to the parents in my child's classroom at GSLC.

2. _____ **I give** GSL staff permission to photograph and/or videotape my child for school projects/church use only.

OR

_____ **I do not** want my child to be photographed or videotaped.

Name (printed)

Date

Name (signature)