



PERMISSION TO PHOTOGRAPH

I, _____ (*Parent/Authorized Agents' Name*) give my permission for my child _____ (*Child's Name*) to be photographed, video taped or interviewed for publicity purposes. I also give permission for the above named child to be photographed, video taped or interviewed for school use (i.e. Open House, Christmas Program, Field Trips, etc.)

I have been advised and agree to enroll my child at N.L.D.S. knowing there is a pass protected Internet Viewing and Surveillance Camera system.

Parent/Authorized Agent Signature

Center Director

Date



1865 Herndon K-335, CLOVIS CA 93611
PHONE 559-292-8687 FAX 559-292-4453

NLDS form 25 permission to photograph