

St. James Preschool

*Grow, Explore, Discover, Imagine
Together*

PARENT MEDIA RELEASE PAGE

School year 2026-2027

Name of Student: _____

MEDIA RELEASE FORM

I give permission for my child, _____, to be photographed while participating in school activities.

Please check all that apply:

Yes No : **Shutterfly** – For weekly classroom newsletters.

Yes No : **Instagram** – I understand that photographs/videos may be viewed by the general public, and that in no instance will the name of a student be used.

Yes No : **General Use** – I understand that these photographs/videos may be used to provide information about programs and activities to the public through school system presentations, publications(newspapers), and/or websites. I understand that the photograph may be viewed by the general public, and that in no instance will the name of a student be used.

Parent/Guardian Acknowledgment: _____

Date: _____