

City of St. Charles School District

Media Release Form



I understand that my child _____
may be photographed/interviewed/recorded while taking part in the
following activity _____

I grant permission for this information to be used by the district in
district publications, district newsletters, on the district's website,
and/or in the local media to share the good news of this event at my
child's school.

Signature of Parent/Guardian Date

Child's School _____

Child's Teacher _____

Return this form to: _____ by _____