

## **PHOTO PERMISSION SLIP**

Dear Parent / Guardian:	
	os of your child: mission to include your child in the photos.
PLEASE CHECK the correspo	onding answer, fill in your child's name, and sign below:
☐ The PPEC Academy has	my permission to photograph my child.
I do NOT give The PPEC Academy permission to photograph my child.	
Child's Name	
child's Name:	
Parent / Guardian's Name:	
Date	Parent/Guardian's Signature