

PHOTO RELEASE
I, being the Parent/Guardian of
Child's Name:
Name of Parent/Guardian (print):
Signature of parent/Guardian:Date:/
STUDENT DIRECTORY
I,, hereby consent that the following personal information may be used by Four Seasons School in their production of a student directory. I understand that the student directory is a public document.
Child's Name:
Parent/Guardian 1 Parent/Guardian 2
Home Phone:Cell Phone:
Email:
Signature:Date:/
NAME POSTINGS
I, being the Parent/Guardian of
Child's Name:
Name of Parent/Guardian (print):
Signature of parent/Guardian:Date:/