



Student _____

I give permission to Little Disciples E.L. to send our contact phone number on the class list that will be sent home.

Yes _____ No _____

I give permission to Little Disciples E.L. to take my child's picture to use in class projects (Christmas ornaments, Mother's Day gifts, etc.). The pictures will be sent home with families in your child's class.

Yes _____ No _____

I give permission to Little Disciples E.L. to use pictures of my child on Little Disciples E.L. website. No names will be used.

Yes _____ No _____

Date _____

Parent's Signature _____