

# St. John the Baptist Catholic School

Vermillion, MN

Family Name & Address

Phone (home & cell)

E-Mail

_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Names:

_____	_____
_____	_____
_____	_____
_____	_____

## Initial all that are approved:

\_\_\_\_\_ I give permission to include my address &/or phone number and e-mail to be published in the school directory to be given to other St. John school families.

\_\_\_\_\_ I give St. John school permission to release my children's names, photo &/or other school work as deemed appropriate by St. John School staff members to the local newspaper, the parish bulletin, and our School website, (please note: full name identification will not be used with photos on the website).

\_\_\_\_\_ I give permission for my children to take "walking field trips" as deemed appropriate by my child's classroom teacher.

Parent Name(s): (please print)

_____	_____
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Parent Signature(s):

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