



Charles Armstrong School - Photo Release Form

Student's Name _____

I/We consent to the use of my child's image; such use may include all CAS Publications (print, online, video, etc.). Such photographs would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

I/We DO NOT consent to the use of my child's image ever; this use includes all CAS Publications (print, online, video, etc.).

Parent's/guardian's signature _____ Date _____

Parent's/guardian's signature _____ Date _____

Email address _____

Phone number _____

If you have further questions, please contact Jessica Burzo, jburzo@charlesarmstrong.org.



Charles Armstrong School

www.charlesarmstrong.org

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