

Mandatory Form for Every Student
Please return to Secondary Office by Friday, Sept 18
One per student

DMCS Photo Release

Student Last Name, First Name

Grade

I give permission for my student to be photographed. I understand that the photos may be used for promotional materials, on the DMCS website, or submitted for publication in local newspapers.

I do not give permission for my student to be photographed.

Parent Printed Name

Signature

Date