



2011-2012

Photo Permission

I, _____, give Agudas Achim Academy permission to take photographs of my child(ren) for religious school purposes as well as for newsletters (Lapid) and any other marketing materials pertaining to the Academy.

Parent signature _____ Date _____

Roster Permission

I, _____, give Agudas Achim Academy permission to have my name, address, telephone number and email address on my child(ren)'s class roster, which will be made available to any parent whose child is enrolled in my child's classroom.

Parent signature _____ Date _____