



St. Clement of Rome School

2017 – 2018

*****RETURN ONE PAGE PER STUDENT***
Return to Front Office by Monday, May 15, 2017**

Name of Student: _____

PERMISSION TO WALK HOME FROM SCHOOL – 6TH AND 7TH GRADERS ONLY

I, hereby, give my child _____ permission to walk home from St. Clement of Rome School/Parish on any scheduled school day. I understand that by signing this form I release St. Clement of Rome School/Parish from all liability once the student leaves school grounds.

Parent's Signature: _____

Date: _____

~~~~~

## PERMISSION TO PUBLISH WORK/PHOTOS

I (check one) \_\_\_\_\_ DO/ \_\_\_\_\_ DO NOT give permission to St. Clement of Rome School to publish my child's work and/or photograph/s on the school's website and in publications representing SCR. I understand that my agreement to publish releases St. Clement of Rome School/Parish, the Roman Catholic Church of the Archdiocese of New Orleans from any responsibility related to the publishing of student work and/or photos.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~~~~~

PERMISSION TO PUBLISH INFORMATION IN THE STUDENT DIRECTORY

I (check one) _____ DO/ _____ DO NOT give permission to our publish personal address, phone number, and email address in the St. Clement of Rome School Student Directory.

Parent's Signature: _____

Date: _____