

## Pasadena Fundamental PTA Memory Book Parent Consent Form

Student's Legal Last Name	9:		
Student's Legal First Name	e:		
Grade:	Teacher's Last Name:		
If you have more than one	student please include same ab	ove information below:	
involved in various school-	TA would like to use photos of Parelated activities, as well as their Book. Without your permission, y	school portrait, as part	of the School Memory Book
PTA volunteers to use pho Book and/or the 5 <sup>th</sup> Grade	e indicating whether you do on tographs and/or include the scho Memory Book. Your permission I remains in effect unless revoke	ool portrait of your child grants Pasadena Fund	in the PTA School Memory amental PTA approval to use
	o have photographs that include and/or the 5 <sup>th</sup> Grade Memory Boo		in the Pasadena Fundamental
	ent to have photographs that incl lemory Book and/or the 5 <sup>th</sup> Grad		ded in the Pasadena
By completing this form student(s).	, I am confirming I am the leg	gal parent or guardia	n of the above listed
Printed First Name	Printed Last N	ame	Date
Sigr	nature:		
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Even if you do not wish to purchase a Memory Book, please consider filling out the consent form, so your student's picture can be included in the book for their classmates and friends to see!

Please return this form to school on (or before) Back to School Night on August 23, 2018!