



2024-2025

Photo Release & Classroom Directory Form

Student Name: _____

Photo Release Form

The Weekday School staff regularly takes photographs at special events and activities throughout the school year. Please specify below your authorization for use of these photos.

_____ I authorize the Weekday School to post pictures of my child on the school's social media sites.

_____ I authorize the Weekday School to post pictures of my child on the school's website.

_____ I DO NOT authorize the Weekday School to post or include pictures of my child on any site or used in any way whatsoever.

Classroom Directory Information

The information provided will be included in your child's classroom directory and distributed to all families in your child's class.

Parent/Guardian Name(s): _____

Please indicate any/all contact information you would like included in your child's classroom directory:

Preferred family contact phone number: _____

Preferred family contact e-mail: _____