

St. John's Evangelical Lutheran Church & School 663 Manor Road Staten Island New York 10314 Phone: 718-761-1858 Stjohnslutheransi@gmail.com Website: www.school.stjohnslutheransi.org

## **Guardian Permissions 2025 - 2026**

## Dietura Danmissian

| Yes. I (We) agree that, in the absence of advance written notice, St. John's Lutheran may use t student's name, portrait or likeness, and artwork and written work in connection with school activities or in publicizing St. John's Lutheran School. |  |
|---|--|
|   | n for my child's picture to be shown on the or other externally viewed publications.                         |
| Student's Name  | Grade  |
| Guardian's Name   | Guardian's Signature   |
|   | se write the emails below that you would like the office to use to contact you.                              |
| Guardian's Name   | *E-Mail  |
|   | *The Email written above is the primary email.   |
| 2 <sup>nd</sup> Adult's Name  | E-Mail   |
| Cla   | iss List Permission  |
| 0 1   | contact information (Guardian's Phone Number & Primary stributed to the guardians for that class's children. |
| Guardian's Phone Number to Use on Li  | st   |
| I give permission for only my c   | child's Class Parent(s) to have my contact information.  |
|   | ude my information on the Class Parent's List, nor on the all of the children's guardians for that class.    |
| Please write below, the Guardians' Nam & Mrs., etc) including the guardian's  | nes as they should appear on correspondence (Dr., Ms., Mr. s last name.                                      |
| Dear  |  |

The Class Parent must allow his/her contact information to be shared with that class.