

**Central Lutheran School**  
775 N. Lexington Parkway  
St. Paul, MN 55104  
(651) 645-8649

## **Consent Form**

Print name(s) of child(ren) \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_

By signing this form you are granting permission for all of the listed activities.

***If you do not wish to grant permission for something on this list  
please leave the box(es) below unchecked.***

Please return this form to the school office along with your registration form. If you have any questions about this form, please contact the school office.

### **I hereby grant permission for:**

- My child to be photographed for public relations purposes.
- Our names, address, and home phone number to be listed in the school directory.
- My child(ren)'s schoolwork to be used in the Central Lutheran School Quarterly newsletter.
- My child(ren)'s schoolwork to be used on the Central Lutheran School website.
- My child(ren)'s photograph to be used on the Central Lutheran School website.

\_\_\_\_\_  
Signature of the parent or guardian

\_\_\_\_\_  
Date