



KING'S LEADERSHIP  
ACADEMY WARRINGTON

## REQUEST FOR PERMISSION TO TAKE PHOTOGRAPHS

**This form must be completed by parent/guardian**

Pupil's Name \_\_\_\_\_

Class/Form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give permission for my son/daughter to have photographs taken by King's for use in school magazines or for other official activities.

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