

Rockford Iqra School

5925 Darlene Dr. Rockford, IL 61109

(815) 397-6899



Photograph Permission

If you would like to change the photograph permission that you provided us with on the registration form for your child, please complete the following:

Fill in the student's name and grade for each child.

1. Student's Name: _____

Student's Grade: _____

2. Student's Name: _____

Student's Grade: _____

3. Student's Name: _____

Student's Grade: _____

4. Student's Name: _____

Student's Grade: _____

Please check the box that applies.

I give permission to Rockford Iqra School to take pictures of my child. My child may be photographed/filmed/interviewed for educational purposes for use by the school. My child may also be photographed for the website, yearbook, etc.

My child may **NOT** be photographed. I want my child's name on the "Do Not Photograph List"

Parent Name (print above)

Parent Signature (above)

Date