



PHOTO RELEASE FORM

(904) 614-8582
www.chokleiacademy.org

CHOKLEI ACADEMY

3115 Spring Glen Road STE 502
Jacksonville FL 32207

Please read through this form and fill out accordingly.

NAME OF GUARDIAN:

NAME OF CHILD:

I am allowing Choklei Academy to use photos of my child for the school publication's issue.

I am not allowing Choklei Academy to use photos of my child for the school publication's issue.

By signing this form, I acknowledge the terms and conditions of Choklei Academy.

CONTACT DETAILS

PARENT/GUARDIAN

MOBILE

E-MAIL

ADDRESS

Signature of parent/guardian

Choklei Academy
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