



Photo Release

I give Davenport the permission to photograph or video my child solely for the use of school events, publications, or class activities. Any images used on the website will be nameless and copy protected to prevent identification and replication.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

School Directory Information

PLEASE WRITE CLEARLY

The information provided below will be used by the school community to contact your family about class parties, birthdays, events, etc. Davenport maintains more extensive contact information for specific school communications and emergency purpose, that do not necessarily need to be listed in the School Directory.

Parent(s)/Guardian(s) Name: _____

Child(ren)'s Name: _____

Full Home Address: _____

Preferred Phone Number: (If it is a cell, please specify whose cell number) _____

Email Address: _____

If your child shares time between two households, please feel free to include additional information.

Parent/Guardian Name: _____

Secondary Address: _____

Secondary Phone Number: _____

Email Address: _____