

**Spring Creek Lodge Academy
Graduation/Senior Photo
Information/Permission Form**

Please return this form no later than four weeks before your child will graduate.

Student Information.

Student Name _____ Hometown (city and state) _____

Date of graduation _____ College attending _____

Parent Information

Name _____ Phone Number _____

Address _____ E-Mail _____

City, State, Zip Code _____

Name _____ Phone Number _____

Address _____ E-Mail _____

City, State, Zip Code _____

Photos:

- We would like the graduation photos to be taken by Studio 15, the local high school photo studio, and we agree to pay all fees directly to the studio before the photos are taken.
- We would like our child to be featured in the graduation publication of the Sanders County Ledger, the local Thompson Falls newspaper.
- (If student is 18 or older)* I would like my photo and graduation information to be published in the graduation publication of the Sanders County Ledger, the local Thompson Falls newspaper.

Parent's Name (printed) _____ Signature _____

Student's Name (printed) _____ Signature _____

Date _____