



**NORTHLAND**  
*Christian School*

4363 Sylvanfield  
Houston, TX 77014-1620  
281-440-1060 ext. 6420  
Fax: 281-440-7572

## Publication of Photographs

### Parental Consent Form - Minor

I, \_\_\_\_\_, the parent / legal guardian of the minor named below, give Northland Christian School, Houston, Texas, consent to reproduce his/her photograph in departmental publication/s. The material may appear in printed or electronic form and may be available to a global audience on the World Wide Web.

I authorize the use or reproduction of the photograph for any reasonable purpose within the discretion of Northland Christian School without acknowledgement and without being entitled to payment.

The copyright ownership of the photograph will be retained by Northland Christian School.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform Central Administration.

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 Check this box if you are **NOT** authorizing publication of photographs of your child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Name of parent/guardian: \_\_\_\_\_

Full name of minor: \_\_\_\_\_

Contact phone number (optional): \_\_\_\_\_

**Please return the completed form to:**

Northland Christian School  
Central Administration  
4363 Sylvanfield Drive  
Houston, TX 77014  
Phone: 281-440-1060  
Fax: 281-440-7572