

The Bethlehem Academy

1188 West Broad Street

Mansfield, TX 76063

**Permission Slip**

I hereby authorize and grant permission to the Bethlehem Academy to photograph my child for the purpose of class enrichment and center publicity.

**Student Name:** \_\_\_\_\_

**Student Age:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_