



**ST. PATRICK**  
CATHOLIC COMMUNITY

[www.stpatsparish.org](http://www.stpatsparish.org)

219 926-1282  
638 N. Calumet Road  
Chesterton, Indiana 46304

## Photographic Permission

I, (parent/guardian) \_\_\_\_\_

give permission to St. Patrick Catholic Community to photograph:

**Student**

**Grade/Teacher**

_____	_____
_____	_____
_____	_____
_____	_____

For Faith Formation, sports and parish events.

I understand that the photographs will be used only for these projects and will not be sold to any agency, news organizations or outside group.

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

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_