Request of Signature Form

First Student Name	Birth Date	Grade	
Second Student Name	Birth Date	Grade	
Γhird Student Name	Birth Date	Grade	
Fourth Student Name	Birth Date	Grade	
Parent/Guardian Name	Address	City/State	Zip
Phone Number	Parish		

participants. In addition, such photographs and audio/visual recordings may be used in Peru Catholic School/St. Joseph/St. Valentine/St. Mary Parishes publications or advertising materials to let others know about our school/parish. In addition, local news organizations may hear of our activities or events, and our school/parish may invite or allow them to photograph or record events to be used, distributed, or displayed as agents of the school/parish see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Peru Catholic School Required Cash Raffle Tickets

I will receive 50 PCS Cash Raffle Tickets and understand that I am required to sell all 50 tickets.

Peru Catholic School System Parent-Student Handbook Agreement

I, my child(ren) and family members have read and agree to be governed by the Peru Catholic Parent-Student Handbook.

Signature of Parent/Guardian	Date
Signature confirms all the above is agreed	d upon, accurate and truthful.