



DATABASE UPDATE /MEDIA RELEASE FORM 2016-2017

Student Full Name: _____ Grade: _____

Student's Preferred Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

(If parents live separately, please supply 2nd address and who resides there):

Address: _____

Email Addresses: (Please print clearly)

Father: _____

Mother: _____

Student: _____

Grandparents Information (optional):

MATERNAL:

PATERNAL:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Permission to Publish:

I hereby give permission for Trinity-Byrnes Collegiate School to include my child(ren) in press releases, photographs, video, etc. for promotional purposes.

Signature: (Parent/Guardian) _____ Date: _____