



*ST. FRANCIS XAVIER CHINESE SCHOOL*

聖方濟中文學校

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## Consent to Photograph/Video

### Release Authorization

### 影音授權同意書

I hereby authorize any images or video footage taken of my child/children, in whole or in part, individually or in conjunction with other images and video footage, to be used at SFX Chinese School for the purposes of education, research and promotion. I also authorize the display and use of any media material created by my child/children within SFX Chinese School.

本人同意授權聖方濟中文學校，在本人子女就讀該校期間，拍攝本人子女之相關照片、影像和作品，並同意授權聖方濟中文學校做相關教學、研究和展示宣傳等用途。

Student/s Chinese Name: \_\_\_\_\_

學生中文姓名

Student/s First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

學生姓名

(Please Print)

(Please Print)

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

家長姓名

(Please Print)

簽字

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

日期