

~ ST. STEPHEN SCHOOL ~

**FLOCKNOTE/PHOTO CONSENT
AND RELEASE FORM 2026-2027**

Date: _____

FAMILY NAME: _____

Parent #1Name: _____ Cell Number: () _____ - _____

Email: _____

Parent #2Name: _____ Cell Number: () _____ - _____

Email: _____

Flocknote will be used when St. Stephen School needs to contact you by text/email via a whole school message blast. Please print clearly.

**SOCIAL MEDIA PERMISSION
2026-2027**

I _____, the parent/guardian, give *St. Stephen School* permission to use my child's photograph for (please circle yes or no for each choice):

Y	N	Inclusion on the St. Stephen School Website
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Y	N	St. Stephen School Facebook and Twitter page
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Y	N	Live Stream Masses and Concerts
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Parent/Guardian Signature: _____

STUDENT(S) NAME: _____

GRADE(S): _____

Thank you!

**Mrs. Lynn Ortiz
Principal**