

PhotoLife SIBLING PHOTO REQUEST

THIS FORM MUST BE SIGNED BY PARENT OR CAREGIVER AND RETURNED TO SCHOOL
BEFORE PHOTO DAY FOR PHOTO TO BE TAKEN.

FAMILY LAST NAME: _____

List Full Name and Room Numbers of Children to be Photographed Together -- **OLDEST FIRST**

Name:	Room No:
Name:	Room No:
Name:	Room No:
Name:	Room No:
Name:	Room No:

I authorise the above detailed children to be photographed together for a Sibling Photo:

PARENT / CAREGIVER SIGNATURE:

After Photo Day you will receive a Shoot Key to view and purchase your Sibling Photo Pack ONLINE

We are here to help



If you have any further questions
please contact us

09 262 1040 or 0800 501 040

PhotoLife
www.photolife.co.nz