



NORTH DALLAS ADVENTIST ACADEMY

Student's Name: _____ Grade: _____ Date: _____

Media Consent

I consent to having media (photo, audio, video etc.) and /or a work sample of my child(ren) used by North Dallas Adventist Academy in the yearbook, newsletters and other promotional material for the school or the TX Conference Office of Education.

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date

Home & School

I am willing to volunteer at NDAA in the following capacity:

- | | |
|--|--|
| <input type="checkbox"/> Class Parent | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Library | <input type="checkbox"/> Alumni Association |
| <input type="checkbox"/> Playground / recess monitor | <input type="checkbox"/> Projects to take home |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Event planning | |

I would like to talk to someone about volunteering at NDAA. I can be reached at _____(phone)

I **do not** consent to have my child(ren) listed in the NDAA Home & School Student Directory. _____ (Initials)

I consent to release my name & phone number to other parents for car pool map. _____