

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 / CARGIVER SIGNATURE:

**After Photo Day you will receive a Photo Access 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