



***The William Spyropoulos Greek - American Day School
Of St. Nicholas Greek Orthodox Church***

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*Mary Tzallas
Principal*

*Georgia Kakivelis
Assistant Principal*

AGREEMENT

Student Name: _____

Class _____

The William Spyropoulos Greek-American Day School of St. Nicholas in Flushing, NY and its' affiliated corporate entities, members, agents and employees (collectively "William Spyropoulos") reserve the right to take photographs, videos and other recordings of students and their achievements during school events and activities.

I hereby give my consent to William Spyropoulos to use any such recordings for the purpose of promoting our School, including, but not limited to, inclusion on the website and other printed or virtual materials.

I also agree to release William Spyropoulos in perpetuity from all claims, demands, and liabilities whatsoever in connection with the use of any such recordings as described in this agreement.

(Signature of Parent/Legal Guardian)

(Print Name)

(Date)

*An outstanding environment,
where children learn and grow happily and successfully*