



Sweet Memories – Year book Page

Dear Parents:

We would like to use photos and info of our students in our school year book for The Dadeville Christian Academy. Please sign below and return this form if you authorize us to use your child's information. A printed copy will be made available during the school year.

Thank you.

Student's Name: _____ Date: _____

Parent or Guardian Signature: _____

Full Name _____ Name you like to be called _____

My friends call me _____ Your cartoon name _____

Birth Date (month/day/year) _____ Email _____

Phone Number _____ Do you text : Yes or NO

Street Address _____ City _____ State _____ Zip _____

Your favorite Song _____ Your favorite movie _____

A gift which you like most _____

Favorite Snack _____ Sport / Activity you are good at _____

In life I would like to become.....

Advice I always give _____

Please send a picture you would like in the year book with this form or email it to tammysalinas@charter.net in the subject put "Sweet Memories"