

# School Portrait Day Special Request Form

Student Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Teacher / Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please check which apply to your request:					
	Yes	No		Yes	No
Glasses On	<input type="checkbox"/>	<input type="checkbox"/>	Full Smile	<input type="checkbox"/>	<input type="checkbox"/>
Sweater On	<input type="checkbox"/>	<input type="checkbox"/>	Show Braces	<input type="checkbox"/>	<input type="checkbox"/>
Jacket On	<input type="checkbox"/>	<input type="checkbox"/>	Fix Hairband	<input type="checkbox"/>	<input type="checkbox"/>
Hat On	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

**Tri-State Photography Policy**  
Our staff are limited to only minor adjustments being made on picture day. Minor adjustments include cleaning of hair on faces, flipped collars and straightening of necklaces and nose clean up. Verbal instructions are used in conjunction with assistance from teachers and PTA helpers.

Additional remarks and/or requests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note:** This form **MUST** be submitted no later than 48 hours prior to your child's scheduled picture day. You may also print out this form and attach it to the **OUTSIDE** of the payment envelope and returned on picture day.