

Please return to the School Office
by 3pm Friday 31st August 2018

PhotoLife SIBLING PHOTO REQUEST

THIS FORM MUST BE SIGNED BY PARENT OR CAREGIVER AND RETURNED TO SCHOOL
[REDACTED] **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 Shoot Key to view and purchase your Sibling Photo Pack ONLINE

We are here to help

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If you have any further questions
please contact us
09 262 1040 or 0800 501 040

PhotoLife
www.photolife.co.nz

SIBLING PHOTOGRAPH

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RETURNED TO SCHOOL BEFORE PHOTO DAY
FOR PHOTO TO BE TAKEN.**

After Photo Day you will receive a Sibling Shoot Key so that you can view your childrens photo online.
Then you can **CREATE YOUR OWN PACK** of photos.

Create-Your-Sibling Pack

Buy 1 Sheet or Digital Downloading for \$20 then add any further sheets or the Digital Download for only \$5 each



Sheet A

1xMedium, 1xPostcard,
1xSmall, 2xSwappa



Sheet B

1xLarge



Sheet C

2xMedium



Sheet D

1xPostcard, 1xPostcard
B&W, 1xCalendar



Sheet E

2xSmall, 2xSmall
B&W, 8xSwappa



**DIGITAL
DOWNLOAD**

We offer Sibling photos to
children within the school.