

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 / CAREGIVER SIGNATURE:

After Photo Day you will receive a Shoot 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

SIBLING PHOTOGRAPH

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After Photo Day you will receive a Sibling Shoot Key
so that you can view your childrens photo online.

CHOICE OF TWO SIBLING PACKS

ULTIMATE Family Pack 12 ITEMS



1 large 20 x 25cm
with mount



2 medium 13 x 18cm
with mounts



1 calendar 18 x 13cm



2 medium 13 x 18cm
black and white



4 small 6.4 x 9cm



2 postcards 9 x 15cm

CLASSIC Family Pack 5 ITEMS



2 medium 13 x 18cm with mounts



2 small 6.4 x 9cm



1 postcard 9 x 15cm