

## Permission to Photograph

I, \_\_\_\_\_  
(parent's or guardian's name)

give permission for Tuskawilla/Twin Rivers Montessori to photograph my child,

\_\_\_\_\_  
(child's name)

for the following purposes:

**Type of Use:**

(Please check one)

**Grant Permission**

**Decline Permission**

**Still Photographs:**

Display in school's yearbook		
Give photographs to current parents/students		
Display in facility's classroom scrapbook, shown to current and prospective parents		
Use still photos in promotional materials and school's website		

**Videos:**

Give video to current parents		
Use videos in promotional materials and on school website		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

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(Parent or guardian's signature)

Date