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:

<table>
<thead>
<tr>
<th>Type of Use:</th>
<th>(Please check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grant Permission</td>
</tr>
</tbody>
</table>

**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:

(Parent or guardian’s signature)      Date