

Permission to Photograph



I,

_____ (Parent or Guardian's name)

Give permission for

_____ (Ellenwood Academy 7 LP)

To photograph my child,

_____ (Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display on Montessori bulletin boards, show to current and prospective clients		
Display still photos on Montessori website		
Videos:		
Show to current clients		
Social Media:		

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 signature, and date)