

Auguste Montessori School
3600 Ellicott Street NW
Washington, DC 20008

Photograph/Video/Digital Video Permission Form

I give permission for photographs/Videos/digital videotapes to be taken of my child to be:

Sent home

Viewed at school events

Displayed on bulletin boards or website

- Yes, my child may be photographed/videotaped for the purposes stated
- No, do not photograph/videotape my child

Child's name: _____

Parent Signature: _____ Date: _____