



Montessori Academy at Belmont Greene

Media Release Personal Information Release

Name of Student

Parents Permission Form – Photographs/Video of Students in School Activities

_____ I give MAB my permission to be photographed and/or videotaped in school activities. I understand that these photographs and/or may be used for information purposes within the school; classroom newsletter, MAB Newsletter, classroom videos (individual and group candid shots) to be shown at Back to School night, Kindergarten Graduation, and other MAB in-house gatherings.

_____ I *do not* give MAB permission to photograph and/or videotape my child.

Parents Permission Form – Name, address, phone number for school directory

_____ I give MAB my permission to include my name, my child's name, our address, phone number in the 2010-2011 School Directory

_____ I *do not* give MAB permission to release my personal information.

**Please keep in mind – this is very useful for making your child's birthday party plans. Invitations may not be passed out at MAB.*

Signature of Parent/Guardian

Date