

Lake Hills Montessori

3930 FM 620 S. Austin TX 78738
(512) 263-5585

Child's Name _____

Consent to Photograph

Please complete one of the following statements:

I/We **give** permission for our child _____ to be photographed at Lake Hills Montessori. I further agree to allow their photos to be used on the webpage, in advertisements, brochures, etc...

I/we **withhold** our permission for our child _____ to be photographed at Lake Hills Montessori.

Parent's Signature

Date

