

2009-10 Release Form

Student's Name: _____ Date: _____

This form should be completed for each individual child enrolled each year.

VIDEOGRAPHY & PHOTOGRAPHY RELEASE:

I/We permit Montessori School of Louisville (MSL) to videotape and/or photograph our child listed above. *(Photos will be used only for publicity and marketing for MSL.)*

Parent/guardian signature

Parent/guardian signature

SCHOOL DIRECTORY INFORMATION RELEASE:

_____ I/We permit Montessori School of Louisville (MSL) to publish contact information for our child listed above in the school directory. *(The MSL School Directory will be distributed in early September to all families.)*

_____ I/We **DO NOT** permit Montessori School of Louisville (MSL) to publish contact information for our child listed above in the school directory. (If you select this option, the deadline to return this form to the MSL school office is Friday, August 14, 2009.)

Parent/guardian signature

Parent/guardian signature

Montessori School of Louisville, Inc. – a nonprofit organization

Mission & Vision - We ignite the child's innate love of learning in a diverse and nurturing community by integrating authentic Montessori philosophy with contemporary research-based educational methods. We empower each individual to make knowledgeable, responsible, and peaceful contributions to the global community.

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