

**Photo/Film/Interview Consent Form**

**2020-2021**

From time to time, our school will receive requests from the media to publicize our educational programs and student activities. In addition, we may photograph, quote and videotape our students for use in the school newspaper, website, and other promotional or training/educational materials. We ask for your consent to allow your student(s) to participate if and when this should happen.

I hereby authorize Sussex Montessori School to photograph, videotape, or film my child or permit the media to photograph, videotape or interview him/her. I also authorize Sussex Montessori to use statements and/or comments about the programs, services, conditions and personnel associated with my student’s experience at Sussex Montessori.

I understand and agree that Sussex Montessori School and its employees will bear no responsibility for the content of any media coverage in which such filmed interview, film, videotape or photograph may be used.

\_\_\_\_\_\_\_ I give my consent to this request

\_\_\_\_\_\_\_ I DO NOT give my consent to this request

Student’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sussex Montessori School**

**(302)404.5367**

**24960 Dairy Lane, Seaford, DE 19973**

**www.sussexmontessoricharter.com**

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