

**LAND PARK MONTESSORI SCHOOL
5700 S. LAND PARK DR, SACRAMENTO, CA 95822**

PERMISSION TO PHOTOGRAPH

I (We), the parent(s) of _____ give permission to Land Park Montessori School (LPMS) to photograph my/our child while attending LPMS. The purpose of the photograph(s) would be to record a special project, a special occasion, or to create gifts that would be given to parents.

LPMS will not sell any of the photographs to anyone at anytime.

I (We) give permission to LPMS: Yes _____ No _____

Child's name: _____ Date: _____

Parent's Signature: _____ Date: _____

Phone (H): _____ Cell: _____

Address: _____

Email: _____