

**Clemson Montessori School, Inc.**

207 Pendleton Road  
Clemson, SC 29631  
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Phone: 864-654-4483

**PERMISSION FORM**

**Photograph and Video Media**

By signing this statement, I hereby acknowledge that this is the only permission form that I will be required to sign for any picture or video footage of my child that may appear in public media such as television, newspapers/magazines, the school website and the school Facebook page during the current school term.

**I grant permission for** \_\_\_\_\_ to be photographed and/or video recorded, and for his/her first name and/or videos/ picture(s) to be used by Clemson Montessori School and/or agencies appointed by the school in public media such as the school website, school Facebook page, and public magazine/newspaper articles.  
*(Student's Name)*

**I DO NOT grant permission.** I wish for my child to be excluded in the above mentioned events.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

**Local Field Trips, Rehearsals and Events**

By signing this statement, I hereby acknowledge that this is the only permission form that I will be required to sign for local Field Trips, Rehearsals, Events, etc. that may be scheduled during the current school year. I understand that I will be notified in writing prior to such trips by the Clemson Montessori School placing a notice in my child's cubby, folder or via e-mail. I understand for extended trips I will be required to complete a detailed permission form.

**I grant permission for** \_\_\_\_\_ to be transported to and from any destination that the Clemson Montessori School deems necessary/appropriate for the specific purpose of local field trips, rehearsals, events, etc.  
*(Student's Name)*

**I DO NOT grant permission.** I will arrange and/or be responsible for providing transportation for my child to and from such events.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*