

Spring Valley Montessori Academy, LLC

Photo Release Form

I/We _____ the parent/s and/or guardian/s of
my child/ren _____, give
Christine Lonergan and/or **Spring Valley Montessori Academy Staff**
permission to use photographs of my child/ren, for school use.

Signed: _____
Parent's Name

Parent's Signature Date

Signed: _____
Parent's Name

Parent's Signature Date