



QSI INTERNATIONAL
SCHOOL OF TBILISI

MEDIA RELEASE FORM

Please review this form carefully, indicate your preference in regard to photographing and videotaping of your child and submit the completed form to QSIT Admissions Office.

*Please fill out one for each child.

STUDENT NAME: _____

AGE LEVEL: _____

YES I give permission for my child's photograph/video to be published in various school **Media Outlets:**
NO (Website, Newsletters, Advertising Materials, Social Media)

YES I give permission for my child to be photographed for the school **Yearbook.**
NO

I understand that this permission is valid for the period of my child's enrollment at QSI International School of Tbilisi.

I understand and agree that if I wish to withdraw this consent, it is my responsibility to notify the school administration in written form.

Name of Parent/Legal Guardian: _____ Date: _____

*By supplying your name and returning the document by email this constitutes your signature