2026-2027 CVMCS PERMISSIONS

PHOTO:

We are very proud of the accomplishments of our students and like to tell the community about them. Therefore, we may videotape or photograph students. We are sensitive to the fact that you may prefer not to have your child's picture used in this way. Please indicate your preference.

I grant permission for my child to be included in school photographs/videotapes taken in school or of Chippewa Valley Montessori Charter School approved activities.

_____ **YES,** *I give my permission* _____ **NO,** *I do not give my permission*

NAME/ADDRESS/PHONE #:

My name, my child's name, our address, and our telephone number may be given to other families, if requested, to make connections.

_____ **YES,** *I give my permission* _____ **NO,** *I do not give my permission*

EMAIL PERMISSION:

My email address as listed on my child's Student Information Form may be given to other families, if requested, to make connections.

_____ **YES,** *I give my permission* _____ **NO,** *I do not give my permission*

_____ _____

Child's Name Parent/Guardian's Signature

_____

Date

FYI/REMINDER—WE ARE NOT ALLOWED AS A SCHOOL TO CREATE A SCHOOL DIRECTORY