



# GARDEN SCHOOL

Jackson Heights, New York

Christopher Herman, *Head of School*

## PHOTO RELEASE FORM

2020-2021

Parent / Guardian Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Please check appropriate box to indicate your preference:

- I do not wish for my child's picture to be used for any purpose.
- I allow my child's picture to be taken and used in marketing materials.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_