RIVENDELL SCHOOL

RIVENDELL PRESCHOOL RELEASE FORM

Child's name: _____

I grant permission for my child to go on neighborhood walks with Rivendell School during the 2026-2027 school year.

I grant permission for my child's image or artwork, created by my child, to be used in **publications**, **films, websites**, or **events** promoting Rivendell School, as well as for educational purposes related to teacher training. I understand that images of my child, not identified by name, may be digital and shared with or emailed to other school families.

I grant permission for teachers to upload images of my child at school to the classroom **photo stream**. I understand that these images will be shared with families in the same classroom as my child.

I grant Rivendell School permission to post images of my child, not identified by name, on **social media**.

I grant permission for Rivendell School to send me Parent Teacher Conference Notes about my child electronically.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

277 Third Avenue • Brooklyn, NY 11215 • 718-499-5667 • 718-499-7269 fax