



FORMULAIRE D'AUTORISATIONS

Permission to Photograph

I _____ give permission for Ecole Koenig
< parent's name >

to photograph my child(ren), _____
< name(s) of child(ren)' >

for the following purposes :

scrapbooks, bulletin boards, website, and promotional materials, shown to current and prospective clients, as well as to be given to current families

* Only first names will be used on any document printed or presented online

I recognize that this is a binding legal agreement. To revoke this agreement, I must send a registered letter to the direction of Ecole Koenig.

Date : _____ Mother's Signature : _____

Date : _____ Father's Signature : _____

Off-Campus Authorization

I, _____, authorize my child(ren),
_____, (age) _____ years old, to leave the

International School of Paris' campuses between the end of school classes and the beginning of music classes. I recognize that it is not allowed for children to be unattended on the ISP campuses, and that if I do not authorize my child to leave campus, he/she must wait in the room with the music professor until his/her music lesson begins.

Date : _____ Signature : _____

Last name, First name : _____