



Alfred Montessori School

Persons Authorized to Remove Child Form

The following person/persons are authorized to remove my child, _____ from the school as needed or in case of emergency. Please know when these people do arrive to pick up your child they will be asked to provide a valid form of photo ID.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following person/persons are **NOT** authorized to remove my child, _____, from school for any reason. I have provided the school with the necessary court/custody paperwork.

Name	Relationship
_____	_____
_____	_____
_____	_____

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date