



Alfred Montessori School Persons Authorized to Remove Child

Name of Child: _____

The following person/persons are authorized to remove my child from the school as needed, or in case of an emergency (please let the people on this list know that they will need to provide a valid form of photo ID when picking up your child).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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: _____

Name: _____ Relationship: _____

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date