

PICK-UP AUTHORIZATION

Lighthouse Montessori School

Month _____ Year _____

I, _____ (name of parent/guardian) gives permission to the Lighthouse Montessori School to release (Name of Student) _____ to the following person (s):

Authorized Person (s)

Name of Person	Relationship to Child	Phone Number	Date(s) of pick up (One month maximum)

Is the authorized person a parent of another current Lighthouse student? Yes () No ().

If yes, please provide another student's full name: _____

IT IS THE PARENTS RESPONSIBILITY TO KEEP THIS FORM CURRENT AND TELL THE TEACHER IF SOMEONE WILL BE PICKING UP THE CHILD OTHER THAN THE CHILD'S PARENTS/LEGAL GUARDIANS. THIS IS TO BE DONE EACH TIME THE NEED ARISES.

NOTE: Any Court Order restricting a parent from picking up a child should be submitted to the director.

I HAVE READ, UNDERSTAND AND COMPLETED THIS FORM.

Signed parent/guardian: _____ Date _____