Lighthouse Montessori School

Pickup Authorization Form

Authorization Period (check one):
□ January – June, _____ (Year) □ July – December, _____ (Year)

□ Speicfic Dates only: ____M____D____Y – ____M____D____Y

I, _____ (Parent/Legal Guardian), authorize **Lighthouse Montessori School** to release my child,

Student Name: _____

to the following person(s) for **regular school pickup** during the authorization period selected above.

Full Name	Relationship to Child	Phone Number

Is the authorized person a parent of another current Lighthouse student?
□ No □ Yes If yes, student's full name: _____

Reminders:

- This form is required for **regular pickups by anyone other than parents/legal guardians**.
- Parents/guardians are responsible for **keeping this form current** and **informing teachers** of pickup arrangements.
- A new Pickup Authorization form must be completed **every half-year** (Jan–Jun or Jul–Dec).
- Any **court order restricting pickup rights** must be submitted to the Director.

I have read, understand, and completed this form.

Parent/Guardian Signature: _____

Date: _____

Lighthouse Montessori School

Pickup Authorization Form

Authorization Period (check one):
□ January – June, _____ (Year) □ July – December, _____ (Year)

□ Speicfic Dates only: ____M____D____Y – ____M____D____Y

I, _____ (Parent/Legal Guardian), authorize **Lighthouse Montessori School** to release my child,

Student Name: _____

to the following person(s) for **regular school pickup** during the authorization period selected above.

Full Name	Relationship to Child	Phone Number

Is the authorized person a parent of another current Lighthouse student?
□ No □ Yes If yes, student's full name: _____

Reminders:

- This form is required for **regular pickups by anyone other than parents/legal guardians**.
- Parents/guardians are responsible for **keeping this form current** and **informing teachers** of pickup arrangements.
- A new Pickup Authorization form must be completed **every half-year** (Jan–Jun or Jul–Dec).
- Any **court order restricting pickup rights** must be submitted to the Director.

I have read, understand, and completed this form.

Parent/Guardian Signature: _____

Date: _____