

Student Pick-up Permission 2016-2017

Student Name(s)

I hereby authorize the following person(s) to pick up my child(ren) from Hermosa Montessori School.

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____ Is this a regular carpool? Yes No

New persons on the pick-up list will be required to show ID at the front desk.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Relationship to Student: _____ Is this a regular carpool? Yes No

Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Relationship to Student: _____ Is this a regular carpool? Yes No

New persons on the pick-up list will be required to show ID at the front desk.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____