Authorization to Release

Child’s Name_____________________________________

Directress’ Name__________________________________

If you wish to have your child released by Westshore Montessori School to a person other than the parent, you must provide Westshore Montessori School with the necessary authorization by providing the following information:

Name of person authorized________________________________________________________

Cell phone:_________________________ Home phone:_________________________

Relationship to child_______________________ Days of the week________________________

Brief description of the car/license no._____________________________________________

Car pool:  Yes_______  No_______

Name of person authorized________________________________________________________

Cell phone:_________________________ Home phone:_________________________

Relationship to child_______________________ Days of the week________________________

Brief description of the car/license no._____________________________________________

If the above is a regular car pool, please state names of other children riding in the car:

1. Child’s name_________________________ Classroom___________________________
2. Child’s name_________________________ Classroom___________________________
3. Child’s name_________________________ Classroom___________________________
4. Child’s name_________________________ Classroom___________________________

What other information should we know about the above-authorized persons or those person’s relationship to your child?

___________________________________________________________________________________________________
___________________________________________________________________________________________________

What information should WMS know regarding unauthorized persons who may request release, such as a non-custodial parent?

___________________________________________________________________________________________________
___________________________________________________________________________________________________

-or- ONLY PARENTS ARE AUTHORIZED TO PICK UP THE ABOVE NAMED STUDENT: Yes_______ No _______

(Please sign and date below)

_________________________________________________  __________________
Custodial Parent Signature                        Date

_________________________________________________  __________________
Custodial Parent Signature                        Date