

# Main Street Montessori & Middle School Authorization of Intake & Release

## Identification Information

Child's Name:		Parent's/Guardian's Name:
Phone Number: (     )		Work/Cell Phone Number: (     )

## Transportation Release

Individual(s) responsible for picking up your child from school:		
Name:	Relationship to Student:	Phone Number:
1.		(     )
2.		(     )
3.		(     )

Individual(s) who **MAY NOT** pick up your child (please provide documentation if applicable):

Name:	Relationship to Student:
1.	
2.	

## Travel and Activity Authorization

I give permission for my child to leave the school with supervision for car and/or walking trips. The school may or may not make notification of walking trips in advance. Notification of car trips will be made prior to outing. Every precaution under the discretion of the Main Street Montessori & Middle School facilitators will be utilized to ensure your child's safety. I hereby release Main Street Montessori & Middle School and individuals from liability in case of accident.

Parent's/Guardian's Signature:	Date:

## Authorization of Photographic Release

I give permission for my child to be photographed and/or videotaped for use in school related activities, projects, functions, and publicity endeavors.

Parent's/Guardian's Signature:	Date: