**Pick-Up Form**

Montessori School of East Orlando

2526 Percival Rd.

Orlando, FL 32826

(407)447-5860 (O)

(407)737-1087 (F)

www.mseastorlando.com

2022-2023 School Year

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Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s)/guardian(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

I authorize the following responsible adults to pick up my child from the Montessori School of East Orlando during the 2021-2022 school year

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| --- | --- | --- | --- | --- | --- |
| Parents / Legal Guardians: | | | | | |
| Name: | Click here to enter text. | |  | Home Phone: | Click here to enter text. |
|  |  | |  | Work Phone: | Click here to enter text. |
| Name: | Click here to enter text. | |  | Home Phone: | Click here to enter text. |
|  |  | |  | Work Phone: | Click here to enter text. |
| **Other people authorized to pick up my child:** | | | | | |
| Name: | Click here to enter text. | |  | Relationship: | Click here to enter text. |
| Driver’s License #: | | Click here to enter text. |  | Phone Number: | Click here to enter text. |
|  | | | | | |
| Name: | Click here to enter text. | |  | Relationship: | Click here to enter text. |
| Driver’s License #: | | Click here to enter text. |  | Phone Number: | Click here to enter text. |
|  | | | | | |
| Name: | Click here to enter text. | |  | Relationship: | Click here to enter text. |
| Driver’s License #: | | Click here to enter text. |  | Phone Number: | Click here to enter text. |
|  | | | | | |
| Name: | Click here to enter text. | |  | Relationship: | Click here to enter text. |
| Driver’s License #: | | Click here to enter text. |  | Phone Number: | Click here to enter text. |
|  | | | | | |
| Click here to enter text. | | |  | Click here to enter a date. | |
| Parent / Guardian Signature | | |  | Date | |

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