

Litchfield Montessori School

Carpool and Pick-Up Authorization 2024 - 2025

Child's Name _____ Class _____

We require a list of all persons, (family members, carpool drivers, friends, etc.) who may pick up your child from school. Please list the names and telephone numbers of those people you authorize to pick up your child. If the list changes, it is important to resubmit this form. If an unauthorized person will be picking up your child or your child will be going home with another student, the child's parent must notify the office via email or over the phone. Names of persons authorized to pick up my child at Litchfield Montessori School include:

First Last

Relationship to Child Phone #

First Last

Relationship to Child Phone #

First Last

Relationship to Child Phone #

First Last

Relationship to Child Phone #

The first time any authorized person picks up they should come first to the office with identification. A copy of their identification will be put on file with this form and retained for the duration of the school year. Please inform the office immediately if any of the information on this form is changed before the close of the school year.

Parent Name Parent Signature Date

Parent Name Parent Signature Date