



MONTESSORI ACADEMY  
OF NORTH HOFFMAN

FREEMAN WEST HUNTINGTON FREEMAN EAST

## Consent for Student Release

Child Last Name:		Child First Name:	
Please state any conditions for release of child:			

**Please be advised that an authorized person must show a photo identification card.**

The School may release my child to any of the following persons:

Name:		1 <sup>st</sup> Phone Number:	
Relationship:		2 <sup>nd</sup> Phone Number:	

Name:		1 <sup>st</sup> Phone Number:	
Relationship:		2 <sup>nd</sup> Phone Number:	

Name:		1 <sup>st</sup> Phone Number:	
Relationship:		2 <sup>nd</sup> Phone Number:	

Name:		1 <sup>st</sup> Phone Number:	
Relationship:		2 <sup>nd</sup> Phone Number:	

Parent/Guardian's Signature

Date