



First State Montessori
A c a d e m y

Student Dismissal/Release List

Student Name: _____

Parent(s) Name: _____

Grade: _____

My child may be release to the following:

Name	Phone Number	Relationship to student

***PLEASE NOTE: All individuals will be asked to show photo identification upon picking up a student.**

Parent/Guardian: _____

Signature: _____ Date: _____