

**SWANNANOVA VALLEY MONTESSORI SCHOOL  
AUTHORIZATION FOR PICK-UP**

The undersigned hereby authorizes \_\_\_\_\_

to pick up my child \_\_\_\_\_ at the end

of school every day ( ) or on certain days ( ) listed below:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to my child: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_