



# Montessori School of Wooster

1170 Akron Road • Wooster, Ohio 44691 • (330) 264-5222

## DISMISSAL FORM 2021-2022

I hereby give permission for, \_\_\_\_\_ to be picked up  
at school during the **2021-2022** school year by any of the following individuals.

**These individuals are also authorized to be called in case of an emergency:**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**The following individuals are NOT permitted to pick up my child at school.**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**I understand that the above named student will not be released to any other individual  
unless I provide *written* permission to the school.**

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

*Parents of children whose birth parents are divorced from each other shall submit verification of custody. This form is to be filled in by the custodial parent upon consultation with the non-custodial parent, so that the school has the permission of the custodial parent to release the child to any persons listed on the form. In the case of shared parenting or joint custody, both parents must fill in this form and the school then has permission to release the child to anyone on either list.*