

International Montessori Academy

Driving & Pick-Up Release Form

Please complete the following information when you are unable to pick up your child/ren from school and give directly to an IMA faculty/staff member.

Parent / Guardian Name: _____

Name/s of Child/ren _____

Day/s & Date/s _____

Name / Relationship of Driver: _____

PLEASE ATTACH A COPY OF THIS PERSON'S DRIVER'S LICENSE TO THIS FORM.

Signature of Parent / Guardian _____ Date _____

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