



SOUTHSIDE MONTESSORI SCHOOL

AUTHORISATION FORM- change to pick up authorisation

Child's Family Name: _____ Given Name(s): _____

Class: _____ Phone Number: _____

Persons authorised to collect my child from Southside Montessori School:

	Person 1	Person 2
Name:		
Address:		
Phone Number:		
Language Spoken:		
Relationship to child:		
	Person 3	Person 4
Name:		
Address:		
Phone Number:		
Language Spoken:		
Relationship to child:		

Signature of Parents/Caregivers:

Date: _____

Date: _____

PLEASE ENSURE THAT YOU INFORM THE SCHOOL OF ANY CHANGES TO THE CONTACT DETAILS PROVIDED

