



HeadStartMontessori
Pre-Primary

AUTHORISATION OF COLLECTION

I/We, _____ hereby authorise the school to allow our child _____

to leave the school premises with anyone of the individuals listed below, or as may otherwise be instructed by ourselves if such individual differs from the list below:

Please note that HeadStart Montessori Pre-School will under no circumstances release your child to anyone other than yourself or your spouse, unless such person has been nominated to do so in the enrolment form (below) or not otherwise known to the staff without specific authorization from the parent or guardian.

Please call to inform the school if any other person will be collecting your child with the identity number and mobile number of the person collecting your child/children. Additions or changes to the list of persons appearing below must be made at the office.

Name	Relationship
ID number	Mobile no

Name	Relationship
ID number	Mobile no

Name	Relationship
ID number	Mobile no

Signature: _____