



1900 Chamberlayne Avenue, Richmond, Virginia 23222
 Phone 804-643-0434 www.pmcsrichmond.org

Permission for Individuals, other than a Parent, to pick up a Student from School

Date _____ For School Year _____

The following individuals have my permission to pick up my child _____ from Providence Montessori Christian School. They understand that proper identification will be required at time of pickup.

No.	Name	Phone Number	Relation to Student
1.			
2.			
3.			
4.			

 Signature of Parent(s)/Guardian(s)

 Date