



Date Stamp

Keystone Montessori Charter School, Inc.
Student Dismissal Authorization Form

I, the parent/guardian of _____,

Student(s) First and Last Name

Hereby authorize Keystone Montessori Charter School, Inc. ("Keystone") to release said Student(s) from school at approved school dismissal time as set forth in the Keystone school handbook and the Keystone school calendar in accordance with the following (check all that apply):

In addition to Students' parents and/or guardians, Student may be released from Keystone to the following person(s):

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student may be released from Keystone on his/her own to walk; or ride a bike; or take public transportation.

By signing this authorization form, I hereby understand that this authorization form will remain in effect unless and until a subsequent authorization form is completed, signed, and received by Keystone or a written revocation of this authorization form is received by Keystone, whichever occurs first. I further understand that Keystone reserves the right to request photographic identification for any or all persons who may attempt to pick-up Student from Keystone and to refuse to release Student in accordance with either this authorization form, lawful and enforceable court orders, state or federal laws or, in Keystone's sole discretion, for the health and safety of the student.

I, on behalf of myself, my spouse, Student's parent(s), and any and all heirs, assigns, agents, personal representatives, insurers, and any other individuals or entities who could act on my behalf or interests, hereby release and forever discharge Keystone, its officers, directors, agents, employees, assigns, representatives, insurers, volunteers, and any other affiliated individuals or entities, from any and all claims, demands, actions and causes of actions and all liability, whatsoever, whether or not negligently caused, in any manner arising out of Keystone's release of Student in accordance with this authorization form.

Parent or Guardian of Student:

Printed Name

Signature

Date: _____