

Student Information Card:

Student Legal Name:Last		First				Middle		
Birthdate:		Age:	_ Grade Entering	:	Gender:	M F		
Home phone								
Address:	Stra			City	State		Zip	
Street			Dalatianakia	·			•	
			(to child)		Cell phone: Work Phone:			
			(to child)		Cell phone:			
Email Address:		Em	ployer:		Work Phone:			
	Please indicate orde	er of preference by	numbering 1-5 if v	we need to contact yo	ou during the school day:			
	Parent #1 cell	Parent #2 cell	Home	Parent #1 work	Parent #2 work			
Siblings at Laram Consent to	nie Montessori (include	e grades)		hool Year: 2				
to pick up your c yourself to pick u	hild, we need to have	your permission in are other individu	ı writing. We reali	ze that you may hav	ir assigned ACSD #1 bus. e arrangements for somed on to Laramie Montessor	one other t	han	
	sted below during the 2			nmie Montessori Sch	ool permission to release r	my child to	any of	
Name		Rela	tionship to child					
Name		Rela	tionship to child					
Name		Rela	tionship to child					
Name		Rela	tionship to child					
Parent/ Guardia	nn Signature				Date			



Laramie Montessori School Permission Slip

During the course of the school year, there will be many occasions for photographing students. They may be working in the classroom, playing outside, attending fieldtrips or numerous other activities. We would like your permission to use these photographs for various newsletters, advertisements, brochures, the school website, etc. In addition, there are regular activities that occur day-to-day. Please read the permission slip below for specific details.

Photographs/Videos Permission

	I,, parent of hereby give permission to Laramie (Student's Name)							
	Montessori School and its employees or agents, to photograph and/or video my children and to use suc							
	photographs and/or videos in any and all brochures, websites, newsletters, teaching examples,							
	advertisements, displays, and any other means of communication deemed appropriate by the school.							
	Names of the children will not be included.							
	Parent's Signature: Date:							
General Permission Slip								
Please make sure that you answer each of the following questions and sign below.								
	I,, parent of(Student's Name) (Student's Name)							
DO () DO NOT () give permission for my child to view TV programs and videos as deemed appropriate by the school in accordance with the approved curriculum.								
	DO () DO NOT () give permission for my child to visit Undine Park and to walk in the neighborhood with adult supervision.							
	DO () DO NOT () give permission for my child to attend field trips which will be supervised by LMS staff and parents, of which I will be notified of time and destination. Transportation will be through the ACSD # bus system.							
	Parent's Signature: Date:							