

**Suder Montessori Magnet School**  
**2022 W. Washington Boulevard**  
**Chicago, IL 60612**  
**773-534-7685 - Phone**  
**773-534-7933 - Fax**

**RELEASE FORM**

**Student** \_\_\_\_\_ **Room** \_\_\_\_\_ **Date** \_\_\_\_\_

The following persons have permission to pick up my child from Suder Montessori Magnet School.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**