



FOUNDATIONS
CHRISTIAN MONTESSORI ACADEMY

Authorized Pick-Up and Volunteer Affidavit

_____ (Student's Name)

To properly protect our students here at Foundations Christian Montessori Academy, all staff, parents, legal guardians and other authorized pick-up persons and/or volunteers are required to provide the following information:

Office Use Only

Pin #

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Driver's License #

Issuing State

Relationship to Student: _____

Have you ever been convicted of a criminal offense? Yes No

During your lifetime, have you ever been accused of child molestation, child abuse, assault, or sex offenses of any nature? Yes No

Need a copy of current Driver's License Yes

If yes, explain nature of accusation, charge or conviction.

Authorized Pick-up / Volunteer Printed Name

Authorized Pick-up / Volunteer Signature

Date

All present and future staff members, parents, legal guardians, pick-up persons and/or volunteers are required to sign the Volunteer Affidavit. All responses will be kept strictly confidential. ONE PER AUTHORIZED PERSON.