

Montessori School of McLean Notice of Permanent Change

703-790-1049 reception@mcleanmontessori.org

Date of Notice: _____ Date Change is Effective: _____
Student Name: _____ Date of Birth: _____
Parent A: _____ Parent B: _____
Teacher: _____

CAR PICK UP:

- My child will carpool with: _____ On [day(s) of the week]: _____
(both families must give permission)
- My child will be picked up by (Print full name): _____
Phone #: _____ On [day(s) of the week]: _____

LEAVING EARLY/ARRIVING LATE/STAYING LATE:

- My child will arrive late at (time): _____ on [day(s) of the week]: _____
- My child will leave early at (time): _____ and be picked up by: _____
on [day(s) of the week]: _____
- My child will stay late until (time): _____ on [day(s) of the week]: _____
With (adult name): _____ For (activity): _____

Parent Signature: _____ Phone #: _____

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Notified: Teacher _____ Office _____ Billing _____
ED/AC _____ Nurse _____ Bus _____ Other _____

Parent Signature: _____ Phone #: _____