

**2015-2016**  
**information update**  
**Please complete**  
**both sides**

**THE MONTESSORI SCHOOL OF THE ANGELS, INC.**

**St. George Campus**

**1180 American Legion Highway/P.O. Box 1570**

**Westport, MA 02790**

---

---

**UPDATE OF STUDENT INFORMATION**

---

---

NAME (S) OF CHILD/CHILDREN:	1	Grade:
	2	Grade:
	3	Grade:
	4	Grade:

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS (if different than child): \_\_\_\_\_

TELEPHONE NUMBERS: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOURS TO BE REACHED AT WORK: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS (if different than child): \_\_\_\_\_

TELEPHONE NUMBERS: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOURS TO BE REACHED AT WORK: \_\_\_\_\_

PARENTS ARE: MARRIED: SEPARATED: DIVORCED: \_\_\_\_\_

(If separated or divorced) - child/children lives/live with: \_\_\_\_\_

**PERSON/PERSONS AUTHORIZED FOR PICK-UP**

*For the protection and security of your child, our school requires that all children be released to authorized adults properly identified by I.D. cards issued by the Montessori School of the Angels, Inc.*

*This policy applies to parents, guardians, and persons designated by parents.*

NAMES OF AUTHORIZED ADULTS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

---

---

---

---

---

---

---

---