



MAY SANDS MONTESSORI SCHOOL

1400 United Street, #110 Key West, Florida 33040

Phone: 305-293-1400 ext. 53418 Fax: 305-305-328-9005

Independent Student Travel Permission

Student Name: _____ **Classroom:** _____

As Parent/Legal Guardian, I _____ hereby grant permission for my child
Print Name

_____ to travel to and from school, **without adult supervision**, for the
Student's Name

current school year. I understand that it is my responsibility to provide appropriate protective gear, if my child will bike, blade or board to and from school. I further understand that it is my responsibility to ensure my child learns and follows proper pedestrian and bicycle safety behaviors.

I understand that all reasonable precautions will be taken by May Sands Montessori School staff, employees and volunteers to avoid any injury to my child. In consideration thereof, I waive any claims for damage and/or injuries that may arise from or may be incident to the activities described above to the extent allowed by law.

I further understand that May Sands Montessori School staff, employees, or volunteers may not be held responsible for the intentional or negligent acts from other persons who are not its staff, employees, or volunteers.

Signature of Parent/Guardian _____

Date _____