

PICK-UP AUTHORIZATION

Fill out this form for regularly scheduled pick-ups ONLY! (Including the Parent/s of the child.)

Child's Name: _____ Phone number where parent(s) can be reached: _____

The following people have permission to pick up my child from school on a regular basis:

<u>NAME:</u>	<u>RELATIONSHIP:</u>	<u>DAY/DAYS OF THE WEEK THEY PICK-UP:</u>
1		
2.		
3.		
4.		
5.		
6.		

(Please write on the back if you need additional space.)

I understand this form gives permission to the above named people to pick up my child on the stated days. If this schedule changes I must notify the office in writing. I understand that if I need someone other than the above named individual(s) to pick-up my child, a Daily Permission Form must be submitted to the office.

Parent Signature: _____ Date: _____