



Pick-up Authorization Form

Please complete the following form so we will have a list of persons authorized to pick-up your child from school. Please return this completed form for our records.

Date: _____

Student Name(s): _____

Student Grade(s): _____

Name of Parent(s) or Guardian(s): _____

The persons listed below are authorized to pick-up our child(ren) from school:
(Please list name, phone number and relationship to child(ren))

1. _____

Relationship to child(ren): _____

2. _____

Relationship to child(ren): _____

3. _____

Relationship to child(ren): _____

4. _____

Relationship to child(ren): _____

Please notify us in writing if you plan to change your daily transportation plans.

Are there any special concerns you have regarding the pick-up of your child(ren)?

Is there anyone who is NOT allowed to have any contact with your child(ren)?

Is there anyone who is NEVER allowed to pick-up your child(ren) from school?

Parent or Guardian Signature: _____