

PICK UP AUTHORIZATION FORM

Child's Name: _____

The following person(s) have permission to pick-up my child from school:

Name

Days of week they pick-up

_____	_____
_____	_____
_____	_____

I understand this form gives permission to the above named individuals to pick up my child. If this changes, I must notify the office in writing. Also, I understand that if I need someone other than the above named individuals to pick-up my child, a signed note must be submitted to the school office.

Parent Signature: _____ Date: _____

Phone numbers (including cell #) where parent can be reached: _____
