



AUTHORIZED PICK-UP LIST

(Grade)

(Student's first name, last name)

For your child's protection, please fill out the name of authorized persons who will be picking up your son from School. **These are the only persons, other than yourself, to whom your son will be released.** THIS FORM MUST BE COMPLETED BY AUGUST 8. If changes occur during the year, please inform the School Office. Authorized persons should be prepared to identify themselves by name and with their license. Please list the name of the parent other than the one signing, if authorized to pick up.

Name	Phone Number	Relationship to Child

Name	Phone Number	Relationship to Child

Name	Phone Number	Relationship to Child

Name	Phone Number	Relationship to Child

Name	Phone Number	Relationship to Child

In case of a car pool arrangement, designate such on the line "Relationship" or tell us here what the arrangements will be: _____

Parent Signature

Date