

Pick-up Authorization Form

Child's Full Name: _____ Grade _____ Main phone _____

My child will be picked up at _____ 12:00 _____ 3:00 _____ Later Please specify time: _____

Only the following authorized persons may pick up my child from school:

Name	Phone #	Alternate Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are divorced, we must know who has custody of your child. Please also indicate if any parent is not permitted to pick up your child. Please provide any additional information that may be beneficial for your child's teacher to know regarding your family circumstance.

Please use the reverse side of this sheet to add any other information you wish.

Printed Name

Signature

Date