



## **AUTHORIZED PICK-UP LIST**

Student's Name:		Date of Birth://
For your child's protection	, please fill out the name of the authoriz	red persons who will be picking up your child from
school. These are the only	persons, other than yourself, to who	m your child will be released. THIS MUST BE
COMPLETED AND RET	URNED BEFORE THE BEGINNING (	OF SCHOOL. If there are changes during the year,
please inform the school of	ffice. Authorized persons should be prep	pared to identify themselves to our staff. Please list the
name of the persons other t	than the one signing, if authorized to pic	k up.
Name:	Phone Number:	Relationship:
In the case of a car pool are be:	rangement, designate such on the line "F	Relationship" or tell us here what the arrangements will
Parent/Guardian Signature		Date: / /