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**CHILD PICK-UP AUTHORIZATION FORM**

Parent/ Guardian, please list below all individuals who are authorized to pick-up your child/ren from school. Include Grandparents and other relatives, neighbors, and friends who you may ask to pick up your child/ren at some point during the academic year.

Moreover, it is important to contact the school office if on any particular day someone other than yourself will be picking up your child/ren.

|  |  |
| --- | --- |
| Child/Children | Grade |
|  |  |
|  |  |
|  |  |

Additional persons who may pick up my child/children:

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Any of the above persons picking up the child/ren must show proof of identification.

\*\*Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent/ guardian.

\*\*\*It is the parent/ guardian’s responsibility to notify, in writing, the school office of any changes to this form.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

**Parent must print out completed form, sign and return hard copies to the office.**