



AUTHORIZED PICK-UP LIST

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

For your child's protection, please fill out the name(s) of anyone that is authorized to pick your child up from school **(including parent and/or guardian)**. Please inform all authorized persons to be prepared to identify themselves to our staff with a photo ID until we become familiar with each person. Written notification of any change to this list is required.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Indicate any carpool arrangement on the relationship line above or describe the arrangement below.

Parent/Guardian Name:

Signature

Date: