

AUTHORIZED PICKUP

Student Name: _____

Homeroom: _____

Name of Father/Guardian: _____

Name of Mother/Guardian: _____

The following parties are also authorized to pick up my child from school:

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

Special Needs/Comments: _____
