



PICK-UP AUTHORIZATION

Please list ALL authorized individuals allowed to pick up your child.
They MUST present a valid photo ID at time of pick-up.

STUDENT NAME: _____

PARENT/GUARDIAN (1) NAME: _____

RESIDENTIAL ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

PARENT/GUARDIAN (2) NAME: _____

RESIDENTIAL ADDRESS: _____
(if different from above) _____

CELL PHONE: _____

WORK PHONE: _____

NAME	RELATION	PHONE

PARENT SIGNATURE: _____ DATE: _____