

CHILD DROP-OFF AND PICK-UP AUTHORIZATION

CHILD'S NAME (Please print)

Today's Date

Parent's Signature

NOTE: NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD. (I.E. PARENTS, GRANDPARENTS, AUNT, UNCLE, ETC.)

The following adults are authorized to pick up my child from school.

Please print

Parent/Guardian (1) _____ Home Tel. _____

Parent/Guardian (2) _____ Home Tel. _____

Address: _____ City _____ ZIP _____

Telephone (Daytime)(1): _____ Cell # _____

Telephone (Daytime)(2) _____ Cell # _____

1. Name _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship : Grandparent / Relative / Family Friend / Daycare Provider

2. Name: _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship : Grandparent / Relative / Family Friend / Daycare Provider

3. Name: _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship: Grandparent / Relative / Family Friend / Daycare Provider