**Student Pick-up Authorization**

*2017-2018*

Names of Child(ren) being authorized

|  |  |
| --- | --- |
| **Child’s Name:** | **Grade Level** |
|  |  |
|  |  |
|  |  |
|  |  |

The following person(s) have permission to pick up my son/daughter from school at any time:

|  |  |
| --- | --- |
| Name | Phone Number |
|  |  |
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I understand that if a name of a person wanting to pick up my child is not on this form; my child cannot be released to that person, even if that person is known by, or related to my child.

Parent/Guardian Signature Date