

Student's Name: _____ Classroom: _____

Authorized Pick-Up Person:_____
First Name Last Name_____
Relationship to Student_____
Phone Home Work Cell_____
Make/Model/Color of Car**Authorized Pick-Up Dates:** Single Date, on: _____ Date Range: _____
From - To Anytime

I give permission for the person named above to pick up my child on the authorized pick-up dates.

Signature of Parent/Guardian_____
Date