

## AUTHORIZED STUDENT PICK UP LIST

(ONE form per family, please list all students)

Student(s) Name \_\_\_\_\_

**\*\*Please Indicate if a Number is Home(h), Work(w) or Cell(c)\*\***

Relationship to Child	Name	** Phone**	Driver's License Number & State
Mom			
Dad			

I authorize the above people to pick up my child(ren) from school – this includes before, during and after the normal dismissal period and in the event that I cannot be reached during an emergency.

I understand that my child(ren) WILL NOT be released to anyone listed above for whom I have not provided a valid driver's license number.

I understand that my child(ren) WILL NOT be released to anyone listed above who does not show a valid driver's license that matches the information provided above.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature