

LITTLE PEOPLE'S SCHOOL

AUTHORIZED PERSONS TO PICK-UP

Child's Name: _____ Parents' Name: _____

Teacher: _____

The following individuals are authorized to pick up my child(ren):

Name: _____

Address: _____ Phone #: _____

Relationship to child: _____ DL #: _____

Name: _____

Address: _____ Phone #: _____

Relationship to child: _____ DL #: _____

Name: _____

Address: _____ Phone #: _____

Relationship to child: _____ DL #: _____

Your children will not be allowed to leave with an un-authorized person. **You must still notify the Director by NOTE on the appropriate day that someone other than yourself will be picking up your child.** This is for the safety of your children. Your cooperation is greatly appreciated!

Parent Signature

Date

LPS Director's Signature