



Pick-Up Authorization Form

Child's Name _____ Class _____

Names of persons authorized to take my child from school. No need to include parents.

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Parent's Signature _____

*Please note: To ensure the safety of our students, a photo ID will be required in order to release students at dismissal.



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