



2016 - 2017 Student Pick-up Authorization Form

STUDENT NAME(S): _____

THE FOLLOWING PERSON IS AUTHORIZED TO
PICK UP MY STUDENT FROM SCHOOL:

(RELATIONSHIP TO STUDENT)

Ongoing for current school year? ____Y ____N

DATE OF
PICKUP: _____

PHONE NUMBER: _____

SPECIAL ARRIVAL/DISMISSAL AUTHORIZATION:

____ Walk or Bike Home ____ Walk or Bike to School

Other: _____

PARENT SIGNATURE: _____

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