



2017 - 2018 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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