



Pick-Up Authorization Form

Student's name: _____

Please list 3 people authorized to pick-up your child. Include yourself if you will pick up too

1	2	3
Name:	Name:	Name:
Phone #	Phone #	Phone #
Relationship:	Relationship:	Relationship:

1	2	3
Name:	Name:	Name:
Phone #	Phone #	Phone #
Relationship:	Relationship:	Relationship: