

Pick Up/ Drop Off Authorization Form

Student: _____

Is to be picked up/dropped up by: _____

Address: _____

Phone Number: _____

Relationship to child: _____

Please ensure authorized person is prepared to present identification

Please choose one of the following:

This is a one time authorization

OR

In addition, please extend this authorization for the following dates:

List all pertinent dates

OR

In addition, please permanently add this person to my pick up list on file.

Parent signature: _____

Today's date: _____