Main Campus: 757 Jenks Ave. | Panama City, FL 32401 | Phone: 850-270-8411 FAX: 850.425.0509 | admin@squarepegsconnect.com

## **AUTHORIZED PICK-UP LIST**

Student Name:		
Parent signing form:		
For your child's protection, please up your child from school.	fill out the name of the authorized	persons who will be picking
These are the only people, other	than yourself, to whom your c	hild will be released.
If changes occur during the year, prepared to identify themselves by		Authorized persons should be
Please list the name of the parents	s other than the one signing, if aut	horized to pick up.
Name	Phone Number	Relationship to Child
Parent Signature:		
Date:		