



Authorized Pick Up Form

Student Name: _____ Date: _____

Class: _____ Grade: _____

Guardian(s): _____

The following people (please include the Student's guardians) are authorized to pick up the Student from school. No one other than the people listed below will be permitted to pick up the Student from school. All authorized people must show proper ID if asked. This may occur at any time during the year.

Name	Relation to Student	Phone No.	Email

Signature

Signature