



Pick-Up Authorization

We must have one file which lists persons who are authorized to pick-up each child. Please fill in the appropriate blanks below.

Student's Name _____ Date _____

Teacher's Name _____

Carpool Driver/s: _____

Childcare Provider: _____

Others: _____

Parent's/Guardian's Name: _____ Phone: _____

Parent's/Guardian's Signature: _____ Date: _____

Photo of Authorized
Pick-up Person



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