

Authorization to Pick-Up

School Name

Student's Name

Grade

Homeroom Teacher

Parent and/or guardian

give permission for

School Name

to release my child to the persons named below. I understand that no other authorization will be necessary for the persons named below to leave school property with my child. I understand any changes to this form will require a new form to be completed. I also understand that all persons listed below must be at least 18 years of age.

Name

Contact 1

Name

Contact 2

Name

(Relationship to Student)

Name

(Relationship to Student)

Name

(Relationship to Student)

Name

(Relationship to Student)

Parent/Guardian Signature

(Must be signed in the presence of a school official)

Date

School Official

Date

Identification **MUST** be requested **each time** one of the above mention adults picks student up from school. The student **MUST** be signed out. This form is **valid** from the date of signature through the last day of the current school year, unless replaced at the request of the Parent/Guardian. A form **must be completed for each student**.