

AUTHORIZATION FORM FOR STUDENT PICK – UP / RELEASE

I, _____, authorize the following people to pick up my children from school.

Parent Signature: _____ Date mm/dd/yyyy): _____

Name

Name of Parents:

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Name of Children:

*Students will **ONLY** be allowed to leave the school premises with someone who has been authorized on this form. If it is necessary for someone other than the parent or guardian, not on this Authorization Form, to pick up a student, they must have a signed and dated letter of permission from the parent/guardian, and show proper identification.*

I, _____, authorize, _____ to leave the school campus on foot after the completion of the school day at 3:30 p.m.

Parent Signature: _____

Date mm/dd/yyyy): _____

