

Elementary Student Pick Up Authorization

School Year: _____

STUDENT INFORMATION					
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	BIRTH DATE	GRADE	TEACHER
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	BIRTH DATE	GRADE	TEACHER
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	BIRTH DATE	GRADE	TEACHER

The following people are authorized to pick up my student(s) at the times indicated below.

STUDENT PICK UP AUTHORIZATION LIST			
(Persons who are authorized to pick up students at school. Please include yourself)			
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY
NAME OF PERSON AUTHORIZED TO PICK UP STUDENT (Legal Last, First, Middle Name)	RELATIONSHIP TO CHILD	PHONE	ANY TIME AFTER SCHOOL ONLY

I, _____, residential parent of the above named student or students, give _____ Elementary authorization to release to all persons listed on the pick up authorization list as indicated above. I understand that it is my responsibility to notify _____ Elementary in writing if there are any changes to this list. **I understand that this authorization is good for the current school year only. A new form must be filled out every year.**

Parent/Guardian Signature: _____ **Date** _____