



Educational Services That Transform Lives

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2025-2026
ALTERNATIVE/EMERGENCY PICK-UP AND/OR DROP-OFF FORM

***** PLEASE PRINT ALL INFORMATION *****

School _____ Session _____

I give permission for my child, _____, to be left with either of the people listed below in the event that I cannot be home to receive my child.

Signed: _____ Date: _____

FIRST CHOICE:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP TO STUDENT: _____

SECOND CHOICE:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP TO STUDENT: _____

*****URGENT*****

PLEASE RETURN THE COMPLETED FORM IMMEDIATELY. THANK YOU.

PLEASE NOTE: For security reasons, bus drivers are not permitted to take a change in pick-up or drop-off from the parent. Please notify your child's school and district if there is to be a change.