

Received by:

Authorization to Pick Up Child from School during the 2024/2025 School Year

I, the undersigned, hereby authorize the following individuals to pick up my child from school: Child's Name: Grade/Class: Teacher's Name: Authorized Person 1 Name: Relationship to Child: Phone Number: Authorized Person 2 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Effective Dates: From	Date:	
Grade/Class: Teacher's Name: Authorized Person 1 Name: Relationship to Child: Phone Number: Authorized Person 2 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Luthorized Person 4 Name: Effective Dates: From		my child from school:
Grade/Class: Teacher's Name: Authorized Person 1 Name: Relationship to Child: Phone Number: Authorized Person 2 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Luthorized Person 4 Name: Effective Dates: From	Child's Name:	
Authorized Person 1 Name: Relationship to Child: Phone Number: Authorized Person 2 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Leffective Dates: From	Grade/Class:	
Name: Relationship to Child: Phone Number: Authorized Person 2 Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Effective Dates: From	Teacher's Name:	
Relationship to Child:	<u>Authorized Person 1</u>	
Relationship to Child:	Name:	
Authorized Person 2 Name:	Relationship to Child:	
Name: Relationship to Child: Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Effective Dates: From	Phone Number:	
Relationship to Child:	Authorized Person 2	
Relationship to Child:	Name:	
Phone Number: Authorized Person 3 Name: Relationship to Child: Phone Number: Authorized Person 4 Name: Relationship to Child: Phone Number: Effective Dates: From to I understand that the school may request identification from the authorized persons at the time of pick-up. I confirm that the authorized persons are aware of and agree to comply with the school's policies and procedures regarding student pick-up. Authorized by: Parent/Guardian(s) Name: Parent/Guardian(s) Signature: Parent/Guardian(s) Phone Number:		
Name:	Phone Number:	
Relationship to Child:	<u>Authorized Person 3</u>	
Relationship to Child:	Name:	
Authorized Person 4 Name:	Relationship to Child:	•
Name: Relationship to Child: Phone Number: Effective Dates: From	Phone Number:	
Relationship to Child:	Authorized Person 4	
Relationship to Child:	Name:	
Effective Dates: From		
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Parent/Guardian(s) Signature: Parent/Guardian(s) Phone Number:	Authorized by:	
Parent/Guardian(s) Signature: Parent/Guardian(s) Phone Number:	Parent/Guardian(s) Name:	
School Uze Only	Parent/Guardian(s) Phone Number:	
School Use Only		
Salacal Mac Only		
	School Use Only:	