



**Immanuel  
LUTHERAN SCHOOL**

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

Date: \_\_\_\_\_

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 \_\_\_\_\_ 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: \_\_\_\_\_

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### School Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_