



## PICK-UP AUTHORIZATION FORM

Please list below all persons that are authorized to pick up your child from school.

### Authorized Person #1

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Authorized Person #2

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Authorized Person #3

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_