

File Number



STUDENT PICK UP AUTHORIZATION FORM

Student Full Name: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: / / Gender: Male Female

Tel: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: / / Gender: Male Female

Tel: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: / / Gender: Male Female

Tel: _____

You may be asked at any time to show proof of identification to pick up a student.
Students will not be released to anyone other than Parents and those listed in this document.

Parent / Guardian full name and signature: _____