

## Authorized Persons to Pick Up Elementary Students

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Year: \_\_\_\_\_

The following people have my permission to pick up my student from school and/or Extended Care: *(please include car pool drivers)*

**Name**

**Driver's License Number**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The following people are NOT ALLOWED to pick up my child:

**Name**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Parent/Guardian :** printed name \_\_\_\_\_

**Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

This information needs to remain current. Please notify us in writing of any changes.  
Thank you for your help.