



2018 -2019 Student Authorized Pickup Form

Student Information:

First Name: _____

Last Name: _____

Grade: _____ Homeroom Teacher: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Contact: _____

Siblings:

- _____
- _____
- _____
- _____

Authorized to Pickup your student with appropriate Photo ID:

- _____
- _____
- _____

Parent Signature

Date

Parent Signature

Date