

## Pick-up Permission Form

Student name \_\_\_\_\_ Class \_\_\_\_\_

Please allow my child to leave school with the person(s) listed below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check one:

This permission is given for the entire 2009-2010 school year.

This permission is only for the following date(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date