## PICK-UP AUTHORIZATION 2015/2016 School Year

## Complete one form for each student

picked up from school by the person(s) listed	, to be regularly transported to and/or below. I will notify the school office with any lar drop off/pick up individuals and carpool
<u>Current Information on File</u> : (Merge Field)	
Carpool with:	
Details (Days of week, sports, will call, etc.):	
The following persons are NOT P	ERMITTED to pick up my child:
Name	Relationship
<b>Current Information on File</b> : (Merge Field)	
1	
2	
· ·	e school office pertaining to custody order, uardian regarding contact, if necessary.
□ New to School □ Note Addition	ns/Deletions
	the school in writing ld/ren's regular pick-up procedure.
Parent Signature:	
Date:	