

Date _____

STUDENT PICK UP FORM

CHILD'S LAST NAME FIRST NAME GRADE ROOM #

The following people are allowed to pick up my child from school:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
1. _____	Mother	_____	_____
2. _____	Father	_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____
6. _____		_____	_____

IMPORTANT: If you have a court order or protection order stating a parent **CANNOT PICK UP OR HAVE CONTACT** with your child, please list their name/s below. **Please supply the school with a copy for our files.** This is a protection measure for you, your child and the school. If circumstances change during the year, please let us know. Thank you.

The following people CANNOT pick up my child from school:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
1. _____		_____	_____
2. _____		_____	_____

3. _____