St. Helen Catholic School

Designated Pick-up Person(s)
2016-2017

Student Family Name:_____ Student First Name(s): _____
Teacher(s) _____ Grade(s) _____

Persons that are authorized to pick up your child(ren) during and after school.

1. Father_____ Cell_____
   Mother_____ Cell_____
   Phone Numbers: Home_____
   (F) Work_____ (M) Work _____
   Other _____
   (F) Driver's License # _____ (M) Driver's License # _____

2. Name: _____
   Relationship to student: _____
   Phone Numbers: Home _____ Work_____
   Cell _____ Other _____
   Driver's License # _____

3. Name: _____
   Relationship to student: _____
   Phone Numbers: Home _____
   Work _____
   Cell _____ Other _____
   Driver's License # _____

4. Name: _____
   Relationship to student: _____
   Phone Numbers: Home _____
   Work _____
   Cell _____ Other _____
   Driver's License # _____

5. Name: _____
   Relationship to student: _____
   Phone Numbers: Home _____
   Work _____
   Cell _____ Other _____
   Driver's License # _____