



Designated Pick-up Person(s)
20__-20__

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 # _____