

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

tudent Family Name:	Student First Name(s):	
eacher(s)	Student First Name(s): Grade(s)	
lorgong that are authorize	ad to pick up your child(rep) during and offer ache	ام
	ed to pick up your child(ren) during and after scho	
	Cell Cell	
Phone Numbers: Ho	ome	-
(E) Mork	(M) Work	
		-
Other	# (M) Driver's License #	
(I) DIIVELS LICEUSE	# (IVI) Driver's Licerise #	
2. Name:		
Relationship to stude	ent:	
Phone Numbers: Ho	ome Work	
Cell	Other	
Driver's License #		
0 N		
3. Name:		
Relationship to stude	ent:	
Phone Numbers: Ho	ome	
Work		
	Other	
Driver's License #	 '	
4. Name:		
	ent:	
Phone Numbers: Ho	ome	
Work		
Cell	 Other	
Driver's License #		
E Name		
5. Name:		
	ent:	
Phone Numbers: Ho	ome	
VVOrK	 Other	
Cell	Otner	
Driver's License #		