

PERMISSION TO PICK UP

St. John School 2017-2018

If I will not be picking up my child(ren) from school/after school, I will send a signed, written note notifying the school of the person responsible for picking them up. I understand that my child will not be released unless the school has written notification indicating the person who will pick up my child.

The following persons are authorized to pick up my child(ren):

Name	Address	Phone #	Relation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

My child(ren) **may not** be released to the following persons unless directed by Order of the Court:

Name	Address	Phone #	Relation
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Please list name(s) of child(ren):

Name (1) _____	Grade _____
Name (2) _____	Grade _____
Name (3) _____	Grade _____
Name (4) _____	Grade _____
Name (5) _____	Grade _____
Name (6) _____	Grade _____

Parent Signature

Date