

Adams 12 Five Star Schools

STUDENT PICK-UP AUTHORIZATION

Please only fill out this form if you wish to have other people, including but not limited to step-parent(s), older sibling(s) and grandparent(s), pick up your child(ren) prior to the end of the school day without contacting you to authorize the release.

Name student uses _____
Last First Middle

School _____

Grade _____ Date of Birth _____ Student ID Number _____

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Parent Signature

Parent Name

Date

04/2013