

STUDENT PICK-UP SPECIAL INSTRUCTIONS and MISCELLANEOUS INFORMATION

This/These individual(s) has/have permission to pick up my student from the school or give him/her permission to leave campus:

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Please Let Us Know of Any Concerns or Restrictions Regarding This Student Not Covered Above

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I certify the foregoing information is true and correct.

Signature of the Legal Parent or Guardian: _____ Date: _____