

# Lower School Pick-up Permission Form

STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

TEACHER(S) NAME: \_\_\_\_\_

**NAME, PHONE, AND RELATIONSHIP** OF INDIVIDUALS WITH PERMISSION TO PICK UP STUDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please speak with us directly if there are any concerns about who may pick up your child.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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