



Student Pick Up – Release Form

Student Name: _____

Grade: _____

Homeroom: _____

I, _____, allow the following person(s) to
(Print parent/guardian's name)
pick-up my child on _____
(Please print the date clearly)

Name: _____

Relation: _____ Phone: _____

Address: _____ City/State _____

Name: _____

Relation: _____ Phone: _____

Address: _____ City/State _____

(Note: The person picking up the student requires an Id or Driver's license for verification.)

*** Must have an original signature; an electronic signature is not acceptable.**

Parent/Guardian Signature

Date

Contact information _____

**Working Together,
Achieving Success**

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