

School Year: _____ Grade: _____ Homeroom Teacher: _____

Student's Name: _____

Please list designated persons allowed to assume temporary care of your child if you are not available. **ONLY** the designated individuals listed below will be able to pick-up your child/children from school. **Changes or additions must be made in writing.**

1. Name: _____ Primary Phone: _____

Address: _____

Street

City

Zip

2. Name: _____ Primary Phone: _____

Address: _____

Street

City

Zip

3. Name: _____ Primary Phone: _____

Address: _____

Street

City

Zip

4. Name: _____ Primary Phone: _____

Address: _____

Street

City

Zip

5. Name: _____ Primary Phone: _____

Address: _____

Street

City

Zip

* Is there any person, including mother or father, legally restrained from picking up this child? Yes or No

If yes, please provide legal documentation to the school counselors.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

*****Requested changes to this form will be accepted in written form only*****