

Pick-up Permission Form 2016-2017

Please fill out this form and return it to the Intermediate School Office by September 6, 2016.
This form is required for each family in the Intermediate School.

_____ Student(s) First Name Student(s) Last Name

_____ Mother's Name Phone (cell)

_____ Father's Name Phone (cell)

My child(ren) will be picked up by the following person(s) **on a regular basis** at dismissal.
Please include parent(s)' names again below, if applicable.

NAME OF PERSON PICKING UP (PRIMARY)	RELATIONSHIP TO CHILD & PHONE NUMBER

Please use the space below, if needed.

Additionally, I am hereby informing the school that my child(ren) has my permission to be picked up by the person(s) listed below. They would be picking up my child on a non-regular/occasional basis.

NAME OF PERSON PICKING UP (OCCASIONAL)	RELATIONSHIP TO CHILD & PHONE NUMBER

I understand that if there is ever an occasion during the school year when someone not on this form will be picking up my child, or if there is a change in my child's dismissal plan, I must notify the Intermediate School Office as soon as possible.

_____ Parent Signature

_____ Date

