

APPROVED PICK UP LIST

School Year: _____

Family Name: _____

Children: _____

Parent Signature: _____

Persons unknown to staff members will be asked for photo identification for verification against this list prior to child being permitted to go to the person.

Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____