

PARENT PICK-UP

Please choose one of the following as it applies to your student:

- Sneaker Bunch. My child is authorized to leave school WITHOUT a parent/guardian signature.
- Parent signature. My child MUST be signed for each day by an approved parent/guardian.

IF THERE ARE INDIVIDUALS WHO MAY NOT PICK UP YOUR CHILD PLEASE PROVIDE THAT INFORMATION ALONG WITH THIS SHEET. EXAMPLES WOULD BE CUSTODY AGREEMENTS OR LEGAL PROTECTIONS

Student Name: _____ Teacher: _____

Primary Address: _____

Primary Contact Number: _____

Authorized Individuals (please list names and relationship to student):
