



Authorization for Student Pick-up

Lafayette Lutheran School

CHILD'S FULL NAME _____ GRADE _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK/CELL _____

If changes to the list below are needed, please let the office and the child's teacher know immediately. No child will be released to anyone not listed. If specific persons are allowed to pick-up children only on certain days, please indicate this also.

Name of persons other than Custodial parent(s) who are hereby authorized to pick up my child:

1. Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

2. Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

3. Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

4. Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

5. Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

Notes:

Signature of parent/guardian

Date