



Immaculate Conception School
Pick Up Authorization 2016 – 2017

Child's Name _____ Grade _____

Please list the names of any adults authorized to pick up your child.

NAME	RELATIONSHIP TO CHILD	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have your permission to leave school on his/her own? Yes _____ No _____

PARENT SIGNATURE _____

DATE _____

Remember to notify the school office and your child's teacher if there are any changes in the above information.