



PICK-UP AUTHORIZATION FORM



2016-2017 SCHOOL YEAR

STUDENT'S NAME _____ GRADE _____ GENDER _____

Individuals listed below have permission to pick up your child on your behalf. You must contact the school each time prior to check-out if one of the individuals listed below will be picking up your child.

Name:	Relationship:	Home: Work: Cell:
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Please make sure to update this form as changes occur. The SEED School will not release your child to anyone not listed on this form and we cannot release children to anyone under the age of eighteen (18). To guarantee the safety of all children in our school, we will not release any child to persons behaving in a way that poses a risk to the children or the facility.

It is in the best interest of the children to take these precautions. Although we don't usually have these kinds of problems, we believe all children should be treated fairly and consistently. Thank you for understanding and helping to ensure the safety of the children.

Parent/Guardian: _____ Date: _____

☐ Please check this box if student is allowed to travel on Metro in the event parent/guardian cannot pick them up.