

FAMILY NAME \_\_\_\_\_

**2026-2027 PREP STUDENT PICKUP AUTHORIZATION  
EFFECTIVE IMMEDIATELY**

**Please list the names of those persons authorized to pick up your child(ren). Phone calls will not be sufficient. A picture ID will be required before the student is allowed to leave with them. This form must be returned to the classroom teacher as soon as possible. Again, we cannot release the child(ren) unless permission is on file. Please help us protect your child(ren).**

**Name(s) of child(ren):**

_____	Class _____
_____	Class _____
_____	Class _____
_____	Class _____

**The following people have my permission to pick up my child(ren) from the school premises:**

**NAME**

**PHONE#**

_____	_____
_____	_____
_____	_____
_____	_____

**Signature of Parent or Guardian \_\_\_\_\_**

**DATE \_\_\_\_\_**