(For Office Use Only) Check box if enrolled in:
Extended Day ☐

Name of Teacher: _____

THE FALLS CHURCH EPISCOPAL
Day School
at the heart of Falls Church

Authorization for Student Pick Up 2024 - 2025

Name of Student: _____ _____
Last *First*

Name of Parents/Guardians: _____ _____
Last *First*

List the person(s) authorized to pick up your child after school, making this list as inclusive as possible. You may add or subtract names during the school year by notifying the Day School office *in writing*. **Persons on this list unknown to the Day School staff must show picture identification before your child can be released**.

NAME	PHONE	RELATIONSHIP TO CHILD

_____ _____
Parent/Guardian Signature ***Date***