

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

Name of Teacher: _____



Authorization for Student Pick Up 2025 - 2026

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