

**STUDENT PICK-UP FORM**

**(only one form per family)**

Student's Name: \_\_\_\_\_  
PLEASE PRINT

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PLEASE PRINT

PLEASE LIST BELOW THE FOLLOWING PEOPLE ALLOWED TO PICK UP YOUR CHILD FROM SCHOOL. Any additions must be made in writing either by email or by a written note.

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

**PARENT SIGNATURE** \_\_\_\_\_

**\*\*\*In addition, I give my child permission to walk to the Orlando Public Library, my place of business, etc. after school for the 14-15 school year.**

Parent signature \_\_\_\_\_