

**STUDENT PICK-UP FORM**  
**(only one form per family)**

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

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

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

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

Student's Name: \_\_\_\_\_  
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 2018-2019 school year. The Library requires students to be 11 years old or be accompanied by a sibling 11 years old or older.**

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

