

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

Student's Name: _____
PLEASE PRINT

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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 17-18 school year. The Library requires students to be 11 years old or be accompanied by a sibling 11 years old or older.**

Parent signature _____