

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 2019-2020 school year. The Library requires students to be 11 years old or be accompanied by a sibling 11 years old or older.**

Parent signature _____