



Pick-Up Release Form

Student(s) Name(s): _____

Grade(s): _____ Academic Year: _____

To better ensure the safety of your child, we are asking that all parents/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to the ACA office. If we do not know the person coming in to pick up your child we will ask for identification. If the person coming in is not on the list, we will not release your child to that person. **We still ask that, if possible, you email or call the school if someone other than yourself will be picking up your child.**

Please list anyone, other than parent/guardian, that has permission to pick up your child(ren).

Name	Phone Number	Relationship to child

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____