

LCA PICK-UP STUDENT AUTHORIZATION

Please list the names and phone numbers of all individuals (**including parents/guardians**) authorized to pick up your student or students (listed below) and take them off school property:

Students: _____

Name	Relationship	Home Phone	Cell Phone	Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any exceptions to this list MUST be made in writing PRIOR to pickup. School policy will not allow changes to be phoned in to the school.

Teachers have permission to transport students from time to time.

Signature of Father/Guardian

Date

Printed Name

Signature of Mother/Guardian

Date

Printed Name