

ST. LUKE'S DAY SCHOOL
AUTHORIZATION TO PICK UP
School Year: _____

Child's Name: _____

I hereby authorize St. Luke's Day School to allow my child to leave the school facility ONLY with the following persons. Complete name, relationship to child, and phone number are required. Please return TWO COPIES of this form.

NAME	RELATIONSHIP		PHONE NUMBER (XXX-XXX-XXXX)
1. _____	Mother	Father	_____
2. _____	Mother	Father	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Under no circumstances will your child be released to anyone without written authorization from you, the parents or guardian. A teacher who does not recognize a person who comes to pick up a child will check this document to make sure that person has been authorized by you. That person must then show her/his driver's license for identification. **NO ONE WILL BE ALLOWED TO TAKE YOUR CHILD FROM HIS/HER CLASSROOM WITHOUT WRITTEN PERMISSION FROM YOU.** This applies to other Day School parents picking up for carpools or play dates, plus grandparents and other family members.

If the above information changes, please request an Authorization Change Form from the Day School office.

Parent Signature _____

Date _____