

**Annunciation Catholic Elementary School**  
**Authorization for Pick-Up**  
**2016-2017**

Dear Parents & Guardians,

For the safety of your children, we need to know, in writing, who is authorized to pick them up from school. The staff (teachers as well as our aftercare staff) will not release your child to anyone who is not listed on this form. Any authorized persons coming to pick up your child must understand that they may be required to show identification in order to have the student released to them. Please do not send someone your child does not know or recognize.

\*\*\*If there are any custody issues, the school office must have copies of the legal documents on file.

If you have the need to add someone to the list or you have any phone number changes, please notify us in the office. You may also find copies of this form on our website at [www.annun.org](http://www.annun.org) under the section title "Calendars & Information". Please return this form as soon as possible to the main office.

Please Print All Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

*Persons authorized to pick-up children from Annunciation (other than Parents):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

*By signing this document, I/we authorize Annunciation Catholic School to release the above named student(s) to the above named authorized person(s).*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_