

## Authorization To Check Out Students

The following person(s) has the authority to pick up my child(ren) in the event of an emergency:

1. \_\_\_\_\_  
\_\_\_\_\_ Phone Number
2. \_\_\_\_\_  
\_\_\_\_\_ Phone Number
3. \_\_\_\_\_  
\_\_\_\_\_ Phone Number

List your child(ren) names and grade below:

- | Name     | Grade |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
E-Mail Address

2013-2014 School Year