



SAINT JOHN the EVANGELIST CATHOLIC PRESCHOOL

Pick up Authorization

I (Parents Name) _____ hereby grant permission for
_____ to be transported to and from the preschool
by the person/persons listed below.

Please include names of all carpool drivers and any neighbors or relatives who are authorized to pick up your child from school.

Names

Phone Numbers

Names of persons not legally authorized to pick up your child.

Parent's Signature _____

Date _____

***The staff will require a picture ID from individuals with whom we are not familiar.**