



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.**