



# SAINT JOHN the EVANGELIST CATHOLIC SCHOOL

111 JOHN E. MANN STREET, WARRENTON, VA 20186

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## Pick up Authorization

I (Parents Name) \_\_\_\_\_ hereby grant permission for  
\_\_\_\_\_ to be transported to and from St. John the  
Evangelist Catholic School 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. Individuals will be required to present valid identification. Any additional names should be added to the back of this sheet.

Full Legal Name

Phone Numbers

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_

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

Date \_\_\_\_\_

Please note: Any person not listed on this sheet will not be permitted to pick-up your child without prior written permission.