

Alternate Student Pick-up Permission Form 2024-2025

For grades Pre-K – 4

A separate form is required for each child in a family.

I, (mother's name) _____ and
(father's name) _____ the parents/legal guardians of
_____ enrolled in Sts. Peter and Paul Faith Formation,
Grade _____, authorize the following people to pick up our child in the event we are
unable.

(Please, list all family members who might sign child out.)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

If more than one person is authorized, include all details above on the back of this form.

_____ This authorization is valid for specific days, including: _____

_____ This authorization is valid for the entire year of Religious Education

If I wish to revoke this authorization, I will do so in writing.

Signed: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent initials: _____