



2018-19 PICK UP or DROP OFF FORM

\_\_\_\_\_

Child's Name

Most days (check one below)

\_\_\_\_\_ will pick up my child.

My child will ride the bus home.

My child will go to School Age Child Care (SACC)

Please send a note if there are any changes  
in the regular drop off/pick up routine.

Please list any other person who IS AUTHORIZED to pick up your child.

1.

2.

Please list anyone who you DO NOT AUTHORIZE to pick up your child.

Parent signature \_\_\_\_\_