

Lincolnview Elementary School

Child Pickup Form K-6

2016-2017

Date: _____

Child's Name: _____

Parent\Guardian Name: _____

Homeroom: _____

I authorize the following persons to pick-up my child from school (please include parent name(s)\guardian(s) names on the list if applicable)

If you need to make changes to this list during the school year, **PLEASE** communicate the changes *in writing* to the Transportation Department.

	<u>Name of Person</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Signature of Parent\Guardian

Date