

Lincolnview Elementary School

Child Pickup Form K-6

2020-2021

Date: _____

Child's Name: _____

Homeroom: _____

The following people are authorized to pick-up my/our child from school

Parent\Guardian

Phone Number

1. _____

2. _____

Name of Person

Relationship to Child

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Signature of Parent\Guardian

Date

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