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| Community Roots School Pick-up Authorization |
|  |
| Click here to enter text. |  | Click here to enter text. |  |  |
| Child’s Name |  | Date of Birth |  |
| Click here to enter text. |  | Click here to enter text. |
| Parent/Guardian #1 |  | Parent/Guardian #2 |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Phone |  | Alt Phone |  | Phone |  | Alt Phone |
| **In the event that you are not able to pick up your child after school, please provide a list that is authorized to pick up, without a note from you.** |  |  |
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|  |  |  |
|  |  |  |
| Alternative Pick-up Contacts |
|  |
| Click here to enter text. |  | Click here to enter text. |
| Alternate Pick-up #1 |  | Alternate Pick-up #2 |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
|  Phone |  | Alt Phone |  |  Phone |  | Alt Phone |
| Click here to enter text. |  | Click here to enter text. |
| Alternate Pick-up # 3 |  | Alternate Pick-up # 4 |
| Click here to enter text. |  | Click here to enter text. |
| Phone Alt Phone |  | Phone Alt Phone |
|  |  |  |
| Monday- Friday |
|  |
| **Please fill out the schedule to the best of your knowledge. As changes occur, please let us know as soon as possible. If your student will be riding the bus during the week, please indicate which days.** |
|  |
| * Monday [ ]
 |  | * Tuesday[ ]
 |
|  |  |  |
| * Wednesday[ ]
 |  | * Thursday[ ]
 |
|  |  |  |
| * Friday[ ]
 |
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|  |
|  |
| **Does your child have permission to ride their bike after school without a note from home? Yes** [ ]  **No** [ ]  |  | **Does your child have permission to walk after school without a note from home? Yes** [ ]  **No** [ ]  |
| Parent Signature Click here to enter text. Date Click here to enter text. |  |  |
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