

Community Roots School Pick-up Authorization

Child's Name _____

Date of Birth _____

Parent/Guardian #1 _____

Parent/Guardian #2 _____

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.

Alternative Pick-up Contacts

Alternate Pick-up #1 _____

Alternate Pick-up #2 _____

Phone _____

Alt Phone _____

Phone _____

Alt Phone _____

Alternate Pick-up # 3 _____

Alternate Pick-up # 4 _____

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 _____

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 _____

Date _____