



# Wilshire Private School

## PICK-UP AUTHORIZATION FORM

Please fill out, sign and return this form to the office.

Name(s) of Child(ren) : \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

The following person(s) is/are **ATHORIZED** to pick up my child(ren) from school :

NAME	RELATIONSHIP	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following person(s) is/are **NOT PERMITTED** to pick up my child(ren) from school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

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