

*St. Peter's Lutheran School*  
**AUTHORIZATION TO PICK UP STUDENT**  
2009-2010

Child's Name: \_\_\_\_\_

**Please list ALL persons authorized to pick up our child from school.**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

<i>Name</i>	<i>Address</i>	<i>Daytime Phone</i>	<i>Relationship to child</i>

**To insure the safety of your children, students in the preschool through 5<sup>th</sup> grades must be signed out of the classroom.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_