



**LIST OF PERSONS AUTHORIZED TO PICK UP STUDENTS**  
**Grace Community School**

Student Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in School \_\_\_\_\_

**List of Persons Authorized to pick up the above named students:**

Mother's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

**CONSENT**

Based on the above list, I hereby give my consent for any of the individuals listed to pick up or drop off my children. Any changes to this list must be reported promptly to the office.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**REFUSAL OF CONSENT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

The names listed above are **NOT** allowed to pick up my children. Any changes to this list must be reported promptly to the office.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_