

Columbia Heights Preschool



STUDENT PICK-UP AUTHORIZATION

I give permission for _____ (student name) to be released to the following designee in my absence.

No one is allowed to receive my child but his or her legal guardian(s).

Signature Required

Date

Receiving designee must be prepared to show identification (Driver's License, State ID, School ID).

Name

Phone #

Relationship

Name

Phone #

Relationship

Name

Phone #

Relationship

Name

Phone #

Relationship

Parent/guardian signature: _____

Signature Required

Date

Parents/guardians/designees must adhere to the Dismissal procedures outlined in the CHP Family Handbook.