



Authorization for Pick-Up

Child's Name: _____

Teacher's Name: _____ Class: _____

Parents Name: _____

Work Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Date Authorizing Pick-Up: _____

Time of Pick-Up: _____

Please list individual who is authorized to pick up your child/children. A California Drivers License I.D. will be required for individuals picking up your child.

Person Authorized to Pick-Up Your Child

Name: _____ Relationship to child: _____

Address: _____ Phone(s): _____

Driver's License Number: _____ Expires: _____

I do hereby authorize Bluff View Private School to release my child to the above listed person on (date) _____. I release Bluff View Private School from any and all responsibility for problems that may develop when my child is taken from the premises. Please be aware that our School closes at 5:30pm. Our Phone number is :(559) 237-5437. Fax: (559) 266-8005.

Signature of Parent/Legal Guardian

Date

Office Use Only

Signature of Authorized Person

Date

Time

Print Name of Authorized Person

Drivers License Number

Verified by

Date