

Alexsander Academy

Pick-Up Form

Student Name _____

Date _____

**The following people are authorized to pick my child up from school
(please note anyone picking up a child other than a parent will require a
picture ID):**

1) Name _____
Address _____

Phone: (home) _____ (cell) _____

Relationship _____

2) Name _____
Address _____

Phone: (home) _____ (cell) _____

Relationship _____

3) Name _____
Address _____

Phone: (home) _____ (cell) _____

Relationship _____

The following people are NOT allowed to pick up my child:

Additional Information:

