



St. John Vianney School Authorization for Student Pick-up

(Please print clearly and complete this form in the event someone other than the parents will be picking up your children.)

I, _____, certify that the persons listed below have
(Name of Parent)

permission to pick-up my child(ren). Please list the names of authorized persons:

1. _____
2. _____
3. _____
4. _____

I understand that written notification should be given to the teacher before anyone other than the legal guardian can obtain my child(ren) from St. John Vianney School. This ensures the safety of all children and is our primary concern. Authorized individuals will be required to present picture I.D.

Thank you for your cooperation.

St. John Vianney Staff

Names of your children:

- | | |
|----------|------------|
| 1. _____ | Grade_____ |
| 2. _____ | Grade_____ |
| 3. _____ | Grade_____ |
| 4. _____ | Grade_____ |

Parent's Name (please print): _____

Parent's Signature: _____

Date: _____