

**Old St. Mary's School
Child Pick Up Authorization
2019-2020**

Name of Child(ren): _____ Grade(s): _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Signature: _____

Date: _____