



SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

AUTHORIZED PICK-UP LIST 2024-2025

Family Name: _____

Date: _____

Student / Grade: _____

Student / Grade: _____

Student / Grade: _____

Student / Grade: _____

For your child’s protection, please fill out the name of people who have your permission to bring or take your child from School and/or the CARES program other than yourself. Please inform these people to be prepared to identify themselves to our staff.

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

Name: _____

Relationship to Child _____

In case of a carpool arrangement, designate such on the line “Relationship” or tell us here what the arrangements will be.

Is there anyone who might stop for your child that you do not wish to have your child released to (e.g. other parent)?

SIGNATURE: _____

(PRINTED)

(WRITTEN)