

FAIRLAWN LUTHERAN **SCHOOL**
2020-21 Pick-Up Authorization Form

Parent/Guardian 1 Name _____ Email _____ Phone _____

Parent/Guardian 2 Name _____ Email _____ Phone _____

Child 1 Name _____

Child 2 Name _____

Child 3 Name _____

The people listed below have my authorization to pick my child(ren) up from Fairlawn Lutheran School (in addition to parents). I will inform the Fairlawn Lutheran School Director each time a special pick-up is necessary. List one person per contact.

Pick-Up Contact 1 Name _____

Relation to Child _____ Phone _____

Pick-Up Contact 2 Name _____

Relation to Child _____ Phone _____

Pick-Up Contact 3 Name _____

Relation to Child _____ Phone _____

I understand that my child will only be released to one of the above listed individuals after they have presented proper identification and signed the Child Release Form. I further understand that my child will not be released to anyone else unless written instructions have been given by me to the school director or teacher. The parent's name on the parent signature line will serve as his or her official signature.

Parent Signature _____ Date _____

Please e-mail the completed form to flschool@fairlawnlutheran.org or print and mail to Fairlawn Lutheran School at the address below.