

ICA PREP

Authorized Student Pick-Up Persons

Family Last Name: _____ **PREP Year: 2022-2023**

Child's Name: _____ Grade _____ Tue 4:30 Tue 6:30 Wed 4:30

Child's Name: _____ Grade _____ Tue 4:30 Tue 6:30 Wed 4:30

Child's Name: _____ Grade _____ Tue 4:30 Tue 6:30 Wed 4:30

Child's Name: _____ Grade _____ Tue 4:30 Tue 6:30 Wed 4:30

Authorized Pick-Up Persons:

*(*Under no circumstances will students be released to any individual whose name is not listed below)*

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

The individuals listed above have my permission to pick-up my child(ren) from PREP when I am not able to do so.

Parent Signature: _____

(Required)

Date: _____