



St. John the Baptist Catholic School

111 W. Main Street

P.O. Box 50

Vermillion, MN 55085-0050

(651) 437-2644 Fax (651) 437-9006

AUTHORIZED PICK-UP LIST

For your child's protection, please fill out the names of the authorized persons who may take your child from the school. If you can not do this now, do it at the start of school, and whenever any changes are in order. Please inform the authorized person to be prepared to identify themselves to our staff. Please have your name listed as well (for easy reference).

RE: Child/ren: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

_____ My child/ren are scheduled to ride the school bus.

In case of a car pool arrangement, designate such on the line "Relationship" or tell us what the arrangements will be:

Parent/Driver: _____ Phone : _____

Relationship: _____

Is there anyone who might stop for your child that you do NOT wish to have your child released to (other parent, for instance)? (Will need a copy of the court order for the cum. file).

Name: _____

Relationship: _____

Signature: _____ Date: _____