



PICK-UP PERMISSION FORM

I hereby give permission for my child(ren) _____
last name first name grade

to leave St. Jude's Academy with the following people named below.
It is my responsibility to notify the school in writing of any change.

1. Name: _____

Address: _____

Telephone: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone: _____ Relationship: _____

4. Name: _____

Address: _____

Telephone: _____ Relationship: _____

5. Name: _____

Address: _____

Telephone: _____ Relationship: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

