

AUTHORIZATION FOR PICK-UP

Child's Name _____

(Please print)

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>WORK PHONE</u>	<u>HOME/CELL PHONE</u>
1 _____ (Please print)	<u>Mother</u>	_____	_____
2 _____	<u>Father</u>	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____

By my signature herein, I acknowledge that I understand that only those individuals listed on this page are authorized to pick up my child. My child will not be released by BACPAC to any other individuals, except when advance notice is given to Staff, by either calendar, phone call, written note, or email. PARENTS MUST BE LISTED.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

BACPAC

School District Benton, Wisconsin

Administrator, Dr. Laura Nelson Principal, Lisa Lawrence

Director, Marilyn Hughes Phone: 608.759.4002 x316 Email: mhughes@benton.k12.wi.us