



Child Pickup Authorization Form

School Year: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Home Address: _____
- Phone Number (Mother's #): _____
- Phone Number (Father's #): _____
- Email Address: _____

1st Student Information

- Student's Full Name: _____
- Date of Birth: _____
- Grade: _____
- Enrolled in (check all that apply):
 - Full Day Mondays
 - Half Day Wednesdays
 - Elementary Electives
 - Star High School classes

2nd Student Information

- Student's Full Name: _____
- Date of Birth: _____
- Grade: _____
- Enrolled in (check all that apply):
 - Full Day Mondays
 - Half Day Wednesdays
 - Elementary Electives
 - Star High School classes

3rd Student Information

- Student's Full Name: _____
- Date of Birth: _____
- Grade: _____
- Enrolled in (check all that apply):
 - Full Day Mondays
 - Half Day Wednesdays
 - Elementary Electives
 - Star High School classes



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4th Student Information

- Student's Full Name: _____
- Date of Birth: _____
- Grade: _____
- Enrolled in (check all that apply):
 - Full Day Mondays
 - Half Day Wednesdays
 - Elementary Electives
 - Star High School classes

Authorized Pickup Persons

I understand that my child will only be released to the parent(s)/guardian(s) or the individuals listed below. Star will not release the child to anyone not listed on this form without prior written or verbal authorization from the parent/guardian.

Please list individuals (other than parents/guardians) authorized to pick up the child:

| Name | Relationship to Student | Phone Number | Notes/Comments |
|------|-------------------------|--------------|----------------|
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Persons NOT Authorized to Pick Up

(If applicable, list any individuals who are explicitly NOT allowed to pick up the child, e.g., due to custody arrangements. Attach court documents if necessary.)

| Name | Relationship to student If applicable | Notes |
|------|--|-------|
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Acknowledgment and Signature

I certify that the information provided is accurate. I authorize the school to release my child only to the individuals listed as an authorized pickup person. I understand that it is my responsibility to update this form in writing if any changes occur (e.g., new authorized persons or custody changes).

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Second Parent/Guardian (if applicable):

Signature: _____ Date: _____

Printed Name: _____

For School Use Only

Received by: _____ Date: _____

Notes: _____
