

WHCS ASA STUDENT PICK-UP RELEASE

ONE FORM PER FAMILY

Family Last Name: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Expected time of pickup: _____

My child(dren) has/have my permission to be picked up by these individuals only:

Signature of Parents/Guardians: _____ Date: _____

Signature of Parents/Guardians: _____ Date: _____