THE AVERY COONLEY SCHOOL

PICK-UP AUTHORIZATION & CARPOOL FORM 2022-2023

This form must be completed by every ACS family. Return BEFORE the first day of school. **PLEASE PRINT.**

Family Name:_____

Student's Name:_____ Group_____ Student's Name: _____Group_____

Student's Name:_____ Group_____ Student's Name: _____Group_____

The following individual(s) have permission to pick-up my child(ren) from school. ***(Please list anyone other than parent(s)/guardian(s) including, but not limited to, babysitters, nannies, grandparents, neighbors, etc.)*:**

First & Last Name	Phone Number	Relationship to Student

Our family will be carpooling on a regular basis. I give permission for the following ACS families to pick up my child(ren):

Family Name: _____

Family Name: _____

Family Name: _____

I understand this form gives permission to the above individual(s) to pick up my child(ren). I understand that if I need someone other than the above individual(s) to pick up my child(ren), written notification must be submitted to my child(ren)'s teacher and to Mrs. Tufo at the front desk atufo@averycoonley.org.

Parent's Name (Print)_____ Parent's Signature _____Date: _____