



5919 Kalaniana'ole Highway, Honolulu, HI 96821 | (808) 396-8846

AUTHORIZATION FOR STUDENT PICK-UP FORM

NAME OF STUDENT(S) _____ GRADE _____

_____ GRADE _____

_____ GRADE _____

Please list the names of parents, guardians, relatives, etc., who have your permission to pick your child up either during school hours, after school, or from the after school care program. Your child will be released only to those listed below or on your emergency card. However, please call us in the morning to inform us of your wishes. We will not release your children to these people without notification by you, in advance!

If someone else other than those listed below or on your emergency card is to pick up your child, you must send or fax a written note to the office in the morning. *No telephone requests will be accepted in this case.*

Thank You,

Mrs. Des Jarlais

Name	Address	Phone Number

PARENT'S NAME (please print) _____

PARENT'S SIGNATURE _____ DATE _____

For office use only: Please copy to After School Care