

ALTERNATE DRIVER AUTHORIZATION

Please list the name(s) of drivers, other than yourselves, who are authorized to pick up your child/ren at Pickering Christian School. Kindly return this completed form to the school by **Friday, September 13, 2019**. This information needs to be updated each year.

	<u>Grade</u>
Student Name: _____	_____
Student Name: _____	_____
Student Name: _____	_____

Persons authorized to pick-up the above-noted child/ren:
(Please also note the person's relationship to your child (i.e. "Friend", Grandparent", etc.)

		<u>Drop off</u>	<u>Pick up</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Name)	(Relationship)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Name)	(Relationship)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Name)	(Relationship)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Name)	(Relationship)		