INTERNATIONAL SCHOOL WESTPFALZ

PICK-UP AUTHORIZATION FORM

STUDENT INFORMATION

Student's First Name: _____ Student's Date of Birth: ____/____/_____

Student's Last Name: _____ Allergies: _____

Grade: EY Rec Y1 Y2 Y3 Y4 Y5

Care Needed:

Mon	Tues	Wed	Thur	Fri

NOTES:

_____

_____

_____

_____

_____

_____

_____

Guardian Information:

Name: _____

Contact Number: _____

Signature: _____

Name: _____

Contact Number: _____

Signature: _____

Name of Authorized Person* to pick up student

1. _____ Contact Number: _____
2. _____ Contact Number: _____
3. _____ Contact Number: _____
4. _____ Contact Number: _____
5. _____ Contact Number: _____

*Please have an ID with you for pick up