

ST. LOUIS UNIFIED SCHOOL of Seventh-day Adventists
Authorized Pick Up List 2019/2020

Student's Name: _____

Pickup Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Notes: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Notes: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Notes: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Notes: _____

Father's Signature and Date

Mother's Signature and Date

Legal Guardian Signature and Date

Legal Guardian Signature and Date