

St. Edith Catholic School Pick Up Information Form 2024-2025

Family Name: _____

1. Child Name: _____ Grade: ____
2. Child Name: _____ Grade: ____
3. Child Name: _____ Grade: ____
4. Child Name: _____ Grade: ____

The following people have my permission to pick up our child(ren) if we are not available. I will also notify the school office if changes need to be made to the list below.

Name: _____

Phone: _____ Relationship to student: _____

Name: _____

Phone: _____ Relationship to student: _____

Name: _____

Phone: _____ Relationship to student: _____

Name: _____

Phone: _____ Relationship to student: _____

I understand it is our responsibility to contact the St. Edith Catholic School office to update this pickup information.

Signed: _____

Date: _____