PROSPECTS ACADEMY
AUTHORIZED PICK-UP PERSON FORM
2026-2027 School Year

Student Name: _____

Grade: _____ Homeroom Teacher: _____

Date of Birth: _____

Authorized Pick-Up Persons

The following individuals are authorized to pick up my child from school. Authorized individuals must present a valid government-issued photo ID upon request.

Name	Relationship to Student	Phone Number	Alternate Phone Number

If there is a court order restricting access to a student, a copy of the current court order must be provided to the Academy and kept on file.

Parent/Guardian Acknowledgment

I understand that:

1. The Academy will release my child only to persons listed on this form unless alternative written authorization is provided.

2. It is my responsibility to notify the Academy immediately of any changes to authorized pick-up arrangements.

3. The Academy reserves the right to refuse release of a student if there are concerns regarding the safety or identity of the individual seeking pick-up.

[signature page next page]

PROSPECTS ACADEMY
AUTHORIZED PICK-UP PERSON FORM
2026-2027 School Year

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

School Use Only

Date Received: _____

Received By: _____

Please return this completed form to the Academy office. Changes to authorized pick-up persons must be submitted in writing by a parent or legal guardian.