



Authorization to Assume Custody of Student

Student's Name: _____

Grade _____

By my signature below, I authorize the following individuals to assume custody of my child, _____, from St. Joachim School for the purpose of transportation during or at the end of the school day. (Please list all those who have your permission to pick up your child including relatives and other school parents.)

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

4. _____

Phone: _____

5. _____

Phone: _____

Parent Signature _____

Date _____