



**Sacred Heart School**  
**2205 Binney Street**  
**Omaha, NE 68110**  
**Phone (402) 455-5858**  
**Fax (402) 451-7480**

**2019 - 2020 AUTHORIZATION FOR PICK-UP**

Dear Parent/Guardian:

Please complete the form below relating to those persons who have your permission to pick up your child(ren) from school. ***Please give any additional information necessary on the back of this form.***

If, due to unforeseen circumstances or an emergency, it is necessary for someone not listed on this release form to pick up your child(ren), a note from the parent or a telephone call is necessary. Please be aware that the person may be asked to identify himself or herself before we release your child.

If there are any special circumstances regarding custody agreements we must have legal documents with regard to who can pick up your child(ren) and on what days.

Parent/Guardian Name : \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Student Name(s) and Grade: \_\_\_\_\_

**DAYCARE INFORMATION**

If your child(ren) attends a daycare after school, please list the daycare name and phone number:

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The following people are authorized to pick up my child (ren) from Sacred Heart School. I authorize the release of my child to their care.

| Name (Please print) | Relationship | Phone Number |
|---------------------|--------------|--------------|
| _____               | _____        | _____        |
| _____               | _____        | _____        |
| _____               | _____        | _____        |
| _____               | _____        | _____        |

Will your student be allowed to walk home from school? If so, please indicate days when student(s) will walk home: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian's Signature

