



CARDINAL LACROIX ACADEMY  
**PICK-UP AUTHORIZATION FORM**  
**2024-2025**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Students' Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby inform Cardinal Lacroix Academy that the people listed below are authorized to pick up the above named child(ren) at any time. Accordingly, Cardinal Lacroix Academy is hereby instructed to release my child(ren) to the care of the following people whenever they come to Cardinal Lacroix Academy.

**AUTHORIZED PICK-UP PERSON:**

**Name:**

**Relationship:**

**Phone Number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**I understand that:**

- Parents/guardians must inform Cardinal Lacroix Academy, by phone or email, of the name of the person who is picking up their child(ren) on any day when they themselves are not.
- The "Authorized Pick-up Person" **must be at least 18 years old** and may be asked to provide proof of identification.
- This authorization shall remain in force until the end of the 2023-24 school year or until edited in writing by the signers of this authorization.
- In the event someone not listed will be picking up the above named child(ren), parent/guardian must inform the school office as soon as possible.

**Authorized by:**

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_