

**Readington Middle School
Pick-up Authorization Form
2024-2024**

Student: _____

Grade: _____

Homeroom Teacher: _____

Please return the completed form to your student's Homeroom Teacher.

Also, update the information below in Genesis

The following people have my permission to pick up my child when needed:

1. _____
Name Relationship to Child

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. _____
Name Relationship to Child

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. _____
Name Relationship to Child

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature