

Readington Middle School  
Pick-up Authorization Form  
2024-2025

**Please return completed form to the MAIN OFFICE by FRIDAY 9-13-24.**  
**\*\*This is needed in case our GENESIS system is down.**

**\*\*\*\*\*Also update the information below in Genesis.**

Student: \_\_\_\_\_

Grade & Homeroom Teacher \_\_\_\_\_

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

Name

Relationship to Child

1) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

4) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

5) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_  
parent/guardian signature