



COMMONWEALTH-PARKVILLE SCHOOL  
PARKVILLE CAMPUS

P.O. BOX 70177, SAN JUAN, PR 00936-8177  
Tel. (787) 765-4411 Fax (787) 764-3809  
Web Site: [www.cpspr.org](http://www.cpspr.org)

**Pick Up Authorization Form**  
**2012-2013**

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

Mother: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Father: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**The following persons are authorized to pick up and/or sign out for our child:**

1. Name and signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name and signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

3. Name and signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

4. Name and signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

For ID Purposes a copy of a valid **Driver's License**, for each authorized person, must be included with this form.

**Bring this document to the homeroom teacher (with copy of required identifications) on Tuesday, August**

**7<sup>th</sup>.**