

Saint Augustine School Emergency Pick Up List

School Year _____

Students Name _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Parents Name:
Mom: _____ Home # _____ Work# _____ Cell# _____
Dad: _____ Home# _____ Work# _____ Cell# _____

In case of emergency, I give St. Augustine School permission to contact the following people listed below to pick up my child. Please list the individuals in order that you want to call first. Only these individuals will be allowed to pick up your child unless there is notification from the parent/guardian telling us otherwise.

Name	Relation	Home#	Work#	Cell#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Parents Signature: _____ Date: _____