

STUDENT PICK UP AUTHORIZATION

The Schilling School for Gifted Children
8100 Cornell Road Cincinnati, Ohio 45249
Phone 513-489-8940 Fax 513-489-8941
schillingschool.org

My student _____
has my permission to be picked up from the Schilling School by the following people:

_____ NAME	_____ RELATIONSHIP

THE ABOVE INDIVIDUALS MUST BE INFORMED THAT THEY MAY BE REQUIRED TO PROVIDE PROPER IDENTIFICATION WHEN THEY PICK UP A STUDENT.

Parent/Guardian Name

Parent/Guardian Signature

Date