



Waldwick Seventh-day Adventist School

70 Wyckoff Avenue - Waldwick, New Jersey 07463

201-652-6078 | Fax: 201-652-4652 | www.wsdas.org

Ruth J. Nino, Principal

AUTHORIZED PICK-UP FORM

No one will be permitted to pick up your child if their name is not listed below. All persons must have and show their Picture ID. Make sure you list all adults even if you reside in the same household.

Name of Child/Children: _____

The following people have permission to pick up my child/children from school
(minimum of two):

RELATIVES

FRIENDS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's Name: (Print) _____

Parent's Signature: _____

Note: Students will not be allowed to leave with anyone not listed above. If for some reason you need someone other than those listed above to pick up your child you must notify the office ahead of time or your child will not be allowed to leave with that person.

Special Instructions: _____
