

Le Lycée Français de Los Angeles

PICK-UP AUTHORIZATION LIST (VALID FOR SCHOOL YEAR 2018-2019 ONLY)

Student's **LAST NAME** (Family Name): _____ Campus: _____

Student's **First Name** (Given Name): _____ Grade: _____

PRINT Full Name	Relationship to the Child	Lycée Parent <small>(circle one)</small>		Mobile Telephone Number
	Father	Yes		()
	Mother	Yes		()
	Legal Guardian	Yes	No	()
Additional People Allowed to Pick Up My Child				
		Yes	No	()
		Yes	No	()
		Yes	No	()
		Yes	No	()
		Yes	No	()
		Yes	No	()
		Yes	No	()

Signature of Parent or Legal Guardian: _____ Date: _____

Your child can **ONLY** leave school with the people listed above. Please return this form immediately to Reception at the Main Campus.