



Lonoke School District

Check Out Approval Form

Due to our sincere desire to keep our children safe, we are asking that each parent give us names of people that may visit check out and/or pick up their child. We will make every effort possible to consult your list of approved adults that may check your child out or pick up your child. **Please complete the following:**

Student Name: _____ Grade: _____

Teacher: _____

Student lives with (Check all that apply): ___ Both Parents
___ Mom ___ Dad ___ Step-Dad ___ Step-Mom ___ Grandparent/s ___ Guardian

Physical Address: _____ City/Zip: _____

Mother's Name: _____

Mother's Phone Number(s): Home _____ Cell _____ Work _____

Father's Name: _____

Father's Phone Number(s): Home _____ Cell _____ Work _____

Guardian's Name: _____

Guardian's Phone Number(s): Home _____ Cell _____ Work _____

Please list the names of the people (NOT INCLUDING YOURSELF) that have permission to check out or pick up your child.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

5. Name: _____ Relationship: _____ Phone: _____

***Please note: Custodial parent needs to provide a copy of custody and/or court papers to the school upon registration or anytime there is a change in the paperwork. _____
Initial of parent**

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

Signature of Guardian: _____ Date: _____