



3037 Bunker Lake Blvd. NW
Andover, MN 55304
Phone: 763.427.4595
Fax: 763.427.3398
www.lcamn.org

PreK Approved Pick-Up List

Student Information

First Name	Middle Name	Last Name	Birth Date
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Classroom

Teacher Use	Days/Time Attending
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I give permission for any person listed below to pick up my child from school if I can't be reached at pick up time or if I inform the teacher that my child will be picked up by an approved driver on my list. I understand that each person in a family must be included in the list. The teacher will ask to see a driver's license or comparable identification when he/she comes to pick up your child. Please order your contacts 1st-4th with a #1 being the first person you would like us to call.

1st Approved Driver

Full Name	Relationship
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Home Phone	Alternate Phone
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Note (if desired)

2nd Approved Driver

Full Name	Relationship
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Home Phone	Alternate Phone
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Note (if desired)

3rd Approved Driver

Full Name	Relationship
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Home Phone	Alternate Phone
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Note (if desired)

4th Approved Driver

Full Name	Relationship
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Home Phone	Alternate Phone
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Note (if desired)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____