

PEARSALL INDEPENDENT SCHOOL DISTRICT  
STUDENT PICK UP FORM  
SCHOOL YEAR 2017-2018

Ted Flores Elementary     Pearsall Intermediate     Pearsall Jr High     Pearsall High

Grade: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MAILING \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ WORK# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ WORK# \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ PHONE# \_\_\_\_\_ WORK# \_\_\_\_\_

**Please list and provide contact numbers of adults whom you AUTHORIZE to Pick Up/Sign Out your child.  
Please keep in mind that ONLY the people listed will be allowed to check out/pick up your child.**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

4. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

5. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

6. Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph. \_\_\_\_\_ Wk \_\_\_\_\_

**USE OF STUDENT WORK IN DISTRICT PUBLICATIONS:**

Occasionally, Pearsall ISD wishes to display or publish student artwork, photos taken by the student, or other original work on the district's website, a website affiliate or sponsor by the district, such as a campus or classroom website, and in district publication. The district agrees to only use these student projects in this manner.

Yes, I give permission to use my child's artwork, photos, or other original work in the manner described above.

No, I do not give permission to use my child's artwork, photos, or other original work in the manner described above.

**PARENT STATEMENT PROHIBITING CORPORAL PUNISHMENT:**

A parent has the responsibility of submitting a signed statement to the principal each year if he or she chooses to prohibit the use of corporal punishment with his or her child. A parent may reinstate permission to use corporal punishment at any time during the school year by submitting a signed statement to the principal. Corporal punishment will be administered in accordance with the law, district policy, and the Student Code of Conduct (SCOC). [See FO and the SCOC]

Yes     No    I (do / do not) prohibit the use of corporal punishment with my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date