ACADEMY DISTRICT 20

Student Pick-Up Authorization Form

Parent/Guardian Name

School (all students listed on this form must attend this school)

The daVinci Academy (The)

Students covered by this authorization

#	Student Name
1	
2	
3	

Use a separate form for children attending a different school.

Authorized pickup adults

#	Authorized Adult Name	Phone Number
1		
2		
3		
4		

I authorize each adult listed above to pick up each student listed on this form and to check the student(s) in or out of school for appointments. This authorization remains in effect for the entire 2026-2027 school year unless I change or revoke it in person.

Parent/Guardian Signature

Date

OFFICE USE ONLY

☐ Photo ID checked ☑ Entered in IC

Staff Initials

Date

A new form is required each school year. School Year 2026-2027

Revised: 08/18/2026 by G. McPherson