



Dear Parent (s) / Guardian (s)

Please complete the form below by listing up to **4 individuals, including parent(s)/guardian(s), who are authorized to pick up your child from school.** It is important that you return this form as soon as possible.

To facilitate pick up at dismissal, we kindly ask parents/guardians to present an **Authorized Pick-Up Card** to staff on duty. If the card is not presented, identification will be requested. Only individuals listed on the form will be permitted to pick up your child. If you have misplaced your card(s) or need extra ones, please request from Reception.

If there are changes throughout the year, please contact the school receptionist at 514-744-2867 ext.221 or email reception@summit-school.com to update the information.

Thank you for your cooperation in ensuring the safety our students.

Summit School Administration

2025-2026 CHILD PICK-UP AUTHORIZATION

The following adults are authorized to pick up my child from school:

1 Name: _____

Relationship to child (e.g. parent, grandparent, family friend): _____

2 Name: _____

Relationship to child (e.g. parent, grandparent, family friend): _____

3 Name: _____

Relationship to child (e.g. parent, grandparent, family friend): _____

4 Name: _____

Relationship to child (e.g. parent, grandparent, family friend): _____

Student's Full Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____