



# FLAGSTONE SCHOOL

721 N. Columbus Street

Alexandria, VA 22314

(703) 683-7114

## Alternative Pick-Up Form

Date: \_\_\_\_\_

Dear Staff,

I give permission for \_\_\_\_\_

to pick up \_\_\_\_\_

If you should have any additional questions please contact me at \_\_\_\_\_  
(Parent's contact number)

Parent Signature \_\_\_\_\_

*Please Note: Designated person must have valid photo identification for release of the child at the time of pick up.*

Designated Pick-Up Person Signature \_\_\_\_\_

.....

### Office Use Only

Photo ID present

- Yes
- No

Date \_\_\_\_\_

Staff Person Signature \_\_\_\_\_