



**The Canterbury Episcopal School**

1708 N. Westmoreland Road • DeSoto, TX 75115  
(972) 572-7200

**Please Print or Type**

**NEW CANTERBURY STUDENTS ONLY**  
**2010/2011 Emergency Contacts and Student Pickup Permission**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY CONTACTS:** Please provide four (4) names other than parents.

If the Emergency Contact person is also Authorized to Pickup your student, please place "X" in box to the left of the name or names listed below. (Please Print)

<input type="checkbox"/>	_____	_____	_____	_____
	Name	Please provide 2 phone numbers	Phone 1	Phone 2
		Relationship to Student:	_____	TX DL# _____

<input type="checkbox"/>	_____	_____	_____	_____
	Name	Please provide 2 phone numbers	Phone 1	Phone 2
		Relationship to Student:	_____	TX DL# _____

<input type="checkbox"/>	_____	_____	_____	_____
	Name	Please provide 2 phone numbers	Phone 1	Phone 2
		Relationship to Student:	_____	TX DL# _____

<input type="checkbox"/>	_____	_____	_____	_____
	Name	Please provide 2 phone numbers	Phone 1	Phone 2
		Relationship to Student:	_____	TX DL# _____

Three (3) Additional Student Pickup Names – Not Emergency Contacts (Please provide all requested Information)

Note: These names will be used for the Extended Day Care Program, unless otherwise noted.

	Pickup 1	Pickup 2	Pickup 3
<b>Name:</b>	1) _____	2) _____	3) _____
<b>Phone1:</b>	1) _____	2) _____	3) _____
<b>Phone2:</b>	1) _____	2) _____	3) _____
<b>Relationship:</b>	1) _____	2) _____	3) _____
<b>TX DL #:</b>	1) _____	2) _____	3) _____

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Please Print Name

**Please Note:** If there exists a Court Order (legal documentation) which disallows biological parent (s) picking up a child at school, then a copy of such must be on file at the school.