South Texas ISD
Medical Professions
GRADES 9-12 | OLMITO

Master Pupil Form / Student Pick-Up Authorization Form

Student Last Name: _____ Student First Name: _____

Address: _____ City: _____ Zip: _____ State: ____

Email: _____ Zoned High School:_____

Parent/Guardian Information

Father/Guardian Name:_____

Phone: _____ Work: _____

Email(s): _____ _____

Mother/Guardian Name: _____

Phone: _____ Work: _____

Email(s): _____ _____

Name of person that has parental permission to pick student up:

1: _____Relationship: _____ Phone: _____

2: _____Relationship: _____ Phone: _____

3: _____Relationship: _____ Phone: _____

4: _____Relationship: _____ Phone: _____

5: _____Relationship: _____ Phone: _____

_____ _____

Parent/Guardian Signature **Date**