

AUTHORIZED PICK UP FORM

| Legal Guardian (Custodian) Name | |
|--|--|
| | |
| | |
| Student's Name(s) | |
| The following individual(s) have our permission to pick up our child(ren) from the premises of <i>Center Christian Academy</i> . Proof of Identity Required. | |
| Name | Relationship to Student & Phone Number |
| | |
| Name | Relationship to Student & Phone Number |
| | |
| Name | Relationship to Student & Phone Number |
| | |
| Name | Relationship to Student & Phone Number |
| | |
| Name | Relationship to Student & Phone Number |
| | |
| Legal Guardian (Custodian) Signature | |