Pick-Up Authorization Form

E3 Christian Academy

Child's Full Name: _____ Grade: _____

Child's Full Name: _____ Grade: _____

Child's Full Name: _____ Grade: _____

Only the following authorized persons may pick up my child from school:

Name	Phone	Alternate Phone	Relationship

If you are divorced, we must know who has custody of your child. Please also indicate if any parent is not permitted to pick up your child. Please provide any additional information that may be beneficial for your child's teacher to know regarding your family circumstance.

_____ _____ _____

Signature of Parent or Legal Guardian | Printed Name | Date