

COMMUNITY CHRISTIAN ACADEMY



KINGS

PARENT PICK-UP RELEASE FORM

Student's Name: _____

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to your teacher. If we do not know the person coming in to pick up your child, we will ask for identification. If the person coming in is not on the list, we will not release your child to that person. **We still ask that, if possible, you write a note or call the school if someone other than yourself will be picking up your child.**

If this form is not returned, we will not release your child to anyone other than the parent/guardian. If you have any questions, please call the school. 727.592.2659

Please list all people, **including yourself**, who are allowed to pick up your child.

	NAME	RELATIONSHIP TO CHILD
Ex.	Mary Smith	Neighbor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Parent/Guardian Name: _____ Teacher's Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____