

#9 - Student Pick-Up List Authorization

School: Community Christian Academy Student Name: _____
Date: ____/____/____ (Please Print)

In order to provide for the safety and welfare of all students and staff, this form will serve as the **only** listing of authorized persons to pick up your child from school. No student will be permitted to leave the school grounds with anyone who is not on this list. Each authorized person must be 18 years of age, and must possess a valid driver's license or State Identification Card.

Parent Authorization

I do hereby designate the following persons as authorized to pick up my child(ren) from the property of *Community Christian Academy*. By providing this list, I agree to hold the staff and administration of CCA harmless for the release of my child to the persons herein designated.

Authorized Persons for Pick-Up: (Please Print)

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Name: _____ Phone: _____
Drivers License: State ____ # _____

Signed: _____ Date: ____/____/____

All changes to this form must be submitted in writing. No changes may be made by phone or e-mail contact.