

Ambassador Christian Academy

Authorization for Student Pick- Up

Name of Student	Grade

Please list the names of parents, guardians, relatives, etc. who have your permission to pick up your child(ren) during school hours, at school dismissal, or from after school care. Your child will only be released to the people listed here. **If any person not listed will be picking up your child, you must notify the office in advance, or your child will not be released.**

Name	Address	Phone Number	Relationship to child

All persons will be required to show photo identification when picking your child(ren) up for the first time.

I give my permission for the above name child(ren) to be released to the above named person(s) at any time throughout the 2010-2011 school year. I will contact the school office to notify of any changes or updates to this list throughout the school year.

Parent/Guardian Signature

Date