

Pine Park



Christian Academy

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>Pine Park 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	