

Date updated: _____



CHRIST CLASSICAL ACADEMY

Student Pick-up Authorization Form

Student's Name: _____ Grade: _____

The following people are allowed to pick up my child from Christ Classical Academy:

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

*In the event someone not listed above will be picking up your child,
please notify the school by calling or sending a note/email to the child's teacher.*

The following person(s) may never pick up this student:

Other comments:

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student's tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date