



Christ
Classical
Academy

Single Page Form
Please complete one form for
each student in your family.

Student Pick-up Authorization Form

Student's Name: _____ Grade: _____

will usually be picked up by our immediate family, of whom the following are drivers:

will be picked up by _____
every Monday Tuesday Wednesday Thursday Friday

will be picked up by _____
every Monday Tuesday Wednesday Thursday Friday

will be picked up by _____
every Monday Tuesday Wednesday Thursday Friday

The following persons may pick-up the above named student on occasion as directed by me:
Name and Relationship: (Please send in a pick up authorization note to your student's teacher each day.)

The following persons may never pick up this student: _____

Other comments: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____