

PICK-UP AUTHORIZATION 19-20 School Year

STUDENT'S NAME _____ GRADE _____

Good Shepherd Christian Academy must receive a note or phone call for someone other than a parent/guardian to pick up your child. Please fill out the information below regarding who may or may not pick up your child. This form must be completed for each student enrolled at GSCA.

These people **MAY** pick up my child(ren).

Name _____

Address _____

Phone number where they can be reached:

Name _____

Address _____

Phone number where they can be reached:

Name _____

Address _____

Phone number where they can be reached:

Name _____

Address _____

Phone number where they can be reached:

Name _____

Address _____

Phone number where they can be reached:

These people **MAY NOT** pick up my child(ren).

Name _____

Address _____

Phone number where they can be reached:

Car Make or Model _____

Picture or Description of Person _____

Name _____

Address _____

Phone number where they can be reached:

Car Make or Model _____

Picture or Description of Person _____

Name _____

Address _____

Phone number where they can be reached:

Car Make or Model _____

Picture or Description of Person _____

Name _____

Address _____

Phone number where they can be reached:

Car Make or Model _____

Picture or Description of Person _____