

Dr. D.D. Brown Christian Academy

STUDENT AUTHORIZED PICKUP INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Relationship: _____

Cell Phone: _____ Home Phone: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Relationship: _____

Cell Phone: _____ Home Phone: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Relationship: _____

Cell Phone: _____ Home Phone: _____

Dr. D.D. Brown Christian Academy

I do hereby authorize officials of Dr. D.D. Brown Christian Academy of Hope to release my child(ren) to any of the above mentioned persons named on this form. It is understood the persons listed above must provide identification before my child(ren) will be released in their care.

In the event that if any of the persons named on this form cannot provide identification, Dr. D.D. Brown Christian Academy of Hope officials are hereby authorized to take whatever action is deemed necessary for the safety of the my child(ren), which may include, keeping the child(ren) at the academy until the parent and/or guardian is reached to pick up the child(ren). Late fees will be applied if child(ren) are not picked by the close of business.

Please maintain a copy of this form for your records.

I HAVE READ THIS FORM AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

Student Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____