



Good Shepherd Christian Academy

Christ-Centered Excellence in Education

Pick-Up Authorization 2016-2017

Student's Name: _____ Grade _____

Parent Name: _____ Home # _____
Work# _____ Cell# _____

Parent Name: _____ Home # _____
Work# _____ Cell# _____

To ensure the safety of your child please list the names of those other than yourself who are authorized to pick up your child and their relationship to that child. Also please make sure those chosen are no farther than 30 minutes away.

Name: _____ Relationship: _____
Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____
Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____
Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____
Phone #1 _____ Phone #2 _____

Please list anyone who is expressly not permitted to pick up your child. Briefly explain why they may not pick up your child and attach any supporting documentation.

Parent/Guardian

Signature: _____ Date _____