

# Step of Faith Christian Academy

## STUDENT PICK UP AUTHORIZATION

Student's Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

\_\_\_\_\_

Please list persons who are authorized to pick up child(ren):

**Name:**

**Relationship to child:**

**Phone:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_