

STUDENT PICK-UP  
AUTHORIZATION FORM  
20 \_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Persons authorized to pick-up child/children:

Zion Christian School does not recommend children being released in another child's custody. Parents who put down a child under sixteen (16) to pick-up another child will take full responsibility.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Parent / Legal Guardian Authorizing person(s) to pick up students

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student is allowed to walk home Yes \_\_\_\_ No \_\_\_\_