



HERITAGE ACADEMY CHILD PICK-UP AUTHORIZATION

CHILD'S NAME (Please print) _____ Today's Date _____

Parent's Signature _____

MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD. THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

Parent/Guardian (pleaseprint) _____ CellPhone _____

Work Phone _____ HomePhone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian(pleaseprint) _____ CellPhone _____

Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD

Name (pleaseprint) _____ CellPhone _____

Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Relationship: Grandparent Relative Family Friend Daycare Provider

Name (pleaseprint) _____ CellPhone _____

Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Relationship: Grandparent Relative Family Friend Daycare Provider

Name (pleaseprint) _____ CellPhone _____

Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Relationship: Grandparent Relative Family Friend Daycare Provider