



Christian Heritage Academy

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“Every Student A Scholar”

AUTHORIZATION TO PICK UP CHILDREN FROM SCHOOL

Name of first child: _____

Name of second child: _____

Name of third child: _____

I authorize the following people to pick up my child or children from school:

| Name | Relationship | Telephone # |
|-------|--------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My child/children has/have permission to go home from school by himself/herself/themselves.

Signature of parent or guardian: _____

Date: _____