



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: _____

In the event that am not able to pick my child/children, I authorize the following people to pick up my child/children from school. I understand that C.H.A. will not release my child/children to anyone who is not on this list. Any changes to this list must be made in writing & must include the date & signature. On extreme occasions a fax is acceptable.

Name	Relationship	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature of Parent/Guardian: _____

Date: _____