



**Student Pick Up Authorization  
Colquitt Christian Academy**

2018-2019 School Year

The following individuals are authorized to pick up \_\_\_\_\_

\_\_\_\_\_  
Name of child (children)

Name	Relationship	Phone #

The following individuals are not allowed to pick up \_\_\_\_\_

Name of child (children)	
Name	Relationship

I understand that if this list changes (someone is no longer authorized to pick up the child or someone in addition to the above needs to pick up the child) I must notify the school **in writing** or I must personally change this form.

I also understand that if someone who is NOT authorized to pick up the child or children attempts to do so the school will notify me immediately but cannot legally restrain the individual. The school is to contact me at \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*