



Louisville Adventist Academy

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**LAA CONSENT FOR PICKUP FORM
2016-2017**

This form is designed to authorize specific persons who may regularly pick up your child(ren) from the premises of Louisville Adventist Academy.

Name(s) of your child(ren) _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Person(s) who may pick up your child(ren):

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____

Parent/Guardian Signature

Date