



**Louisville Adventist Academy
CONSENT FOR PICKUP FORM**

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 _____
5. _____	Relationship _____
6. _____	Relationship _____
7. _____	Relationship _____
8. _____	Relationship _____
9. _____	Relationship _____
10. _____	Relationship _____

Parent/Guardian Signature

Date