



## 2020 – 2021 KACS Student Authorized Pickup Form

### Student Information – Oldest Child Enrolled:

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

This form also applies to the student's other siblings as follows:

#### Siblings' Name(s):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Authorized to Pickup your child with appropriate Photo ID:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date