

Parental Request for Child Pick-up

(For Individuals Other than Parent/Guardian)

I hereby give Chicago S.D.A. Christian School permission to release my child/children to the following individual(s), if I am unable to pick up the child:

Name of Parent/Guardian: _____

Student: _____

1. Name of Individual: _____

Relationship to Student: _____

2. Name of Individual: _____

Relationship to Student: _____

3. Name of Individual: _____

Relationship to Student: _____

Signature: _____ **Date:** _____