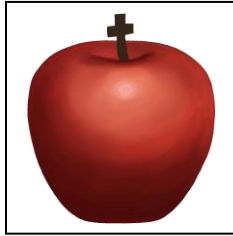


Deamude Adventist Christian School

Continuing CONSENT for PICK-UP



As the undersigned parent or guardian of the following student(s) at Deamude Adventist Christian School,

Student Name: _____

Student Name: _____

Student Name: _____

I give permission my student(s) to be picked up from school by the following people:

Name: _____

Name: _____

Name: _____

Name: _____

My child(ren) is NOT allowed to ride with:

Name: _____

Name: _____

This consent shall remain in continuous effect until revoked in writing and delivered to the above named school or until the child is no longer enrolled in the above named school.

Parent/Guardian Signature

Date