



2021 – 2022 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