



work  
hard



play  
hard



get  
results

Student Name/s \_\_\_\_\_

## Persons Authorized to Pick Up My Children

I hereby authorize the following persons to pick up my child/children from school. I understand it is my responsibility to notify Columbia Academy in writing of any additions to or deletions from the following list. I further understand that authorization is to be in writing, and a phone call may not be accepted as authorization for someone to pick up my child/children. A fax sent with my signature will be accepted in the case of an emergency.

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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