

**PICK-UP AUTHORIZATION 17-18 School Year**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Good Shepherd Christian Academy must receive a note or phone call for someone other than a parent/guardian to pick up your child. Please fill out the information below regarding who may or may not pick up your child. This form must be completed for each student enrolled at GSCA.

These people **MAY** pick up my child(ren).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

These people **MAY NOT** pick up my child(ren).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

Car Make or Model \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number where they can be reached: \_\_\_\_\_

Car Make or Model \_\_\_\_\_