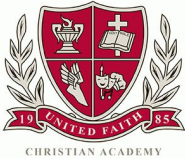


LAST NAME: _____



United Faith Christian Academy Upper School Early Dismissal Pick Up Permission Form

Please complete the form below with regard to early dismissal pick up procedures. Only the people named on this list will be able to pick up your child(ren) at United Faith Christian Academy during the school day. Persons who are not familiar to school personnel will be asked to identify themselves with a photo ID.

Parents/Guardians:

Mother: _____

Cell #: _____

Father: _____

Cell #: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

My child may NOT ride with the following parent or family member (court documentation MUST be submitted to the Director of Operations):

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

My child HAS my permission to be picked up by and ride with the following people:

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

IF CHILD LIVES WITH BOTH PARENTS, THEY BOTH MUST SIGN BELOW!

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____