



LAST NAME: _____

United Faith Christian Academy

Upper School Early Dismissal Pick Up 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: _____

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

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____