



STUDENT PICK UP AUTHORIZATION

Name of Student: _____

Summit Academy will only release your child to persons you have authorized in advance. Please list below any individuals who will be picking up your child on a regular basis, as well as any other individuals who are authorized to pick up your child. Be sure to include the names of parents and guardians, as well as any relatives or carpool drivers on the list.

If on any school day your child needs to be picked up by a person who is not listed on this Student Pick Up Authorization form, you will need to submit a signed written note to the school before the end of the school day authorizing that person to pick up your child for that day.

Picture I.D. Required: Please ensure that the person who is picking up your child is prepared to show their driver's license or other government-issued photo identification.

You may update this form, and add or remove authorized pick up persons, at any time during the school year by stopping in the school office during regular office hours.

REGULAR PICK UP PERSONS

Name	Phone Number	Relationship to Student

OTHER AUTHORIZED PICK UP PERSONS

Name	Phone Number	Relationship to Student

I have read the student pick up policies above, and I authorize Summit Academy to release my child to the persons listed on this form.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian