

**Abundant Life Christian School  
Child Pick-up Permission Form**

The following persons are authorized to pick up my child,  
(child's name) \_\_\_\_\_, on any given day without  
specific permission from a parent/guardian.

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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I understand that I am responsible for making changes as necessary to keep this form up to date. I will notify school staff in writing or by phone if I wish to authorize anyone other than the persons listed here to pick up my child on a given day. I understand that school staff will request to see identification from anyone not listed here before releasing my child to them.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_