

# CALVARY CHRISTIAN SCHOOL

## Permanent Authorization for Release of a Child ( 2017/2018 School Year)

Student's Name: \_\_\_\_\_

I hereby authorize the above-mentioned child to be picked up from Calvary Christian School by the following people any time during the 2017/2018 school year:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_