



### **AUTHORIZATION FOR STUDENT PICK UP**

I, being the parent and/or legal guardian of \_\_\_\_\_  
(child's full name), hereby understand and authorize that with proper photo  
identification and school issued student pick card, **only** the following people listed  
below can pick up my child from Valley Harvest Christian School unless otherwise  
pre-arranged with school administrator.

*(Please include parent and/or guardian's names on the list. Photocopies of IDs will  
be needed for school file for anyone listed on this form before they will be allowed  
to pick up child)*

Name	Relationship to child	Phone #	Who is the primary pick-up person?

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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