

Student Pick Up Authorization

COLORADO SPRINGS CHARTER ACADEMY



Do NOT list yourself. Please list family or friends, other than Mom/Dad who may pick up your child for the school year.

Student(s) Name: _____

Student(s) Name: _____

Student(s) Name: _____

I **authorize** the following individuals to pick up my student (s) from school:

Name: _____ Phone #: _____

Relationship to Student: _____

Name: _____ Phone #: _____

Relationship to Student: _____

Name: _____ Phone #: _____

Relationship to Student: _____

Please understand, **we will not release your student to anyone who is NOT listed above.**

If there is a **biological parent** who is **NOT AUTHORIZED** to pick your student(s) up from school, please list them here (biological parents require court documentation):

_____ Court documents provided _____
Yes No

_____ Date _____
Parent/Guardian Signature

CSCA SPORTS PICKUP AUTHORIZATION

Please list family or friends who may pick up your child for *occasional* carpooling for CSCA sporting events. The names listed below are not authorized to pick up for any reason other than to carpool to CSCA sporting events.

Name: _____ Phone # _____

Name: _____ Phone # _____