



AUTHORIZED STUDENT PICK-UP LIST

The following individual(s) have permission to pick up my children from Crossway Christian Academy during the current school year:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I understand and agree with the school policy that will not permit anyone other than those individuals listed above to pick up my children unless I give written or verbal permission to the staff in advance.

Parent/Guardian signature: _____ Date: _____