

# #9 - Student Pick-Up List Authorization

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School: Lighthouse Christian Academy      Student Name: \_\_\_\_\_  
Year: 2018-2019      (Please Print)

In order to provide for the safety and welfare of all students and staff, this form will serve as the **only** listing of authorized persons to pick up your child from school. No student will be permitted to leave the school grounds with anyone who is not on this list. Each authorized person must be 18 years of age, and must possess a valid driver's license or State Identification Card.

## **Parent Authorization**

I do hereby designate the following persons as authorized to pick up my child(ren) from the property of *Lighthouse Christian Academy*. By providing this list, I agree to hold the staff and administration of *LCA* harmless for the release of my child to the persons herein designated.

### **Authorized Persons for Pick-Up: (Please Print)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

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

*All changes to this form must be submitted in writing. No changes may be made by phone or e-mail contact.*