

STUDENT PICK-UP AUTHORIZATION FORM

Al-Ihsan Academy

Students will not be released to anyone other than those listed within this document without WRITTEN permission from the parents/guardians listed below.

Student's Name: _____

Parent/Guardian Name(s) (printed):

_____ Phone: _____

_____ Phone: _____

Parent/Guardian(s) listed above are authorized, by inclusion on this list, to pick up the student.

Additional adults who are authorized by the parents/guardians to pick up the student (up to 4 names can be provided):

_____ Relationship: _____ Phone:

_____ Relationship: _____ Phone:

_____ Relationship: _____ Phone:

_____ Relationship: _____ Phone:

Parent/Guardian Name (printed): _____

Date: _____ Parent/Guardian

Signature: _____

Preferred Daytime Phone # _____