

CALVARY CHRISTIAN SCHOOL

Permanent Authorization for Release of a Child (2010-2011 School Year)

Student's Name: _____

I hereby authorize the above-mentioned child to be picked up from Calvary Christian School by the following people any time during the 2010-2011 school year:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

Parent/Guardian Signature _____

Date Signed: _____