

# STUDENT PICKUP AUTHORIZATION FORM

Dear Parents/Guardians,

If you plan to have someone else other than you pick up your child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. Proper identification (driver's license) will be required. Please list the people who you authorize for us to release your child. **If a person's name is listed, you must have his/her driver's license number and telephone number. (THIS INFORMATION IS CONFIDENTIAL AND IS FOR INTERNAL USE).**

## INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD

Name of Child: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work #: ( ) \_\_\_\_\_

Work #: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

NAME	RELATIONSHIP TO THE STUDENT (REQUIRED)	TX. DRIVER'S LICENSE # (REQUIRED)	PHONE NUMBER (REQUIRED)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please note: Your child's application will be considered incomplete if the driver's license is not listed for each person who is authorized to pick up your child. By filling out this form, you authorize Mesquite Friendship Christian Academy to release your child to any authorized persons listed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

UPDATED EVERY SCHOOL YEAR

Please return this referral directly to the Mesquite Friendship Christian Academy Admissions Office at 680 E. Highway 80 Mesquite, TX 75149 • Phone 972-329-5030 • Fax 972-329-7814 • [www.mesquitefriendshipca.com](http://www.mesquitefriendshipca.com).