

Student(s) Name: _____ Grade(s): _____

2011-2012 Authorization to Pick Up Student(s)
Rainier Christian Schools, Kent View Elementary

The following individuals are hereby authorized to pick up my child without further authorization and may also be contacted in the event of an emergency. **(Please include both the address and phone number for each individual. Your student/s will only be released to the people listed below. Please let your pick-up person know that they will be asked for ID before your child is released to them. This is for everyone's safety. THANK YOU!!)**

1. _____
Name Relationship Area Code & Phone #

Address City Zip Code

2. _____
Name Relationship Area Code & Phone #

Address City Zip Code

3. _____
Name Relationship Area Code & Phone #

Address City Zip Code

4. _____
Name Relationship Area Code & Phone #

Address City Zip Code

Signature of Parent/Guardian Date