Student Pick Up List

I give permission for the following person/persons to pick up my child from Bacot Academy

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Contact Number |
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|  |  |  |
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Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please note that Bacot Academy WILL NOT RELEASE your student to any person not listed without prior written authorization.