



# CROSSROADS CHRISTIAN SCHOOL

## 2010-2011 PICK-UP/VISITOR AUTHORIZATION

### All Students

The following people have permission to pick up my child from school or visit at school:

Child's Name (please print) \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

### Authorized to Pick Up or Visit

	Name (please print)	Relationship	Contact Number
Your Name	_____	_____	_____
Spouse's Name	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type (ie. home, cell or work)