



# TRADERS POINT CHRISTIAN ACADEMY

6600 South Indianapolis Road • Whitestown, IN 46075 • Phone: 317.769.2450 • Fax: 317.769.2456 • www.tpcs.org

## 2011-2012 DISMISSAL AUTHORIZATION PICK UP FORM (One form per student must be completed)

Student Name \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

When parents are not available to pick up their child(ren) from school, Traders Point Christian Academy requires your permission to release your child to another adult. Please list relatives or friends who have your permission to pick the above listed child up from school. Traders Point Christian Academy will not release your child to anyone without your permission. Please inform these contacts that Traders Point Christian Academy personnel may ask for their personal identification before releasing your child to them during our dismissal process.

(Please Print)

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

1. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

3. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

4. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_



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

1. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

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4. Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_