



Promise Land Academy
3990 Loretto Road
Jacksonville, FL 32223
PHONE: (904) 268-2422
FAX: (904) 268-5321

Student Pick-up Authorization

School Year

20__ - 20__

Student's Name: _____ Grade in the fall: _____

check here if Guardian

Father's Name: _____ Do you work during school hours? Yes No

During School: Phone #: _____ Cell: _____ Evening: _____

Mother's Name: _____ Do you work during school hours? Yes No

During School: Phone #: _____ Cell: _____ Evening: _____

The following individuals are authorized to pick up my child(ren) from Hopewell Promise Land Academy without any additional authorizations during the school year. In the event a person not on this list needs to pick up your child on any given day, you must call the school to notify and a picture ID must be shown, prior to the release of the child.

	<u>Primary Number</u>	<u>Relationship</u>
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

Authorization:

I understand it is my responsibility to notify Promise Land Academy in writing of any change regarding which persons have legal physical custody of the student and any change regarding the authority of Promise Land Academy to release the student to the person designated above.

 Father's Signature / Date

 Mother's Signature/Date

 Legal Guardian/s Signature/Date