



**Student Pick Up Form**

<b>Date:</b>	<b>Student Name:</b>	
<b>Father Name:</b>		
Work Phone:	Cell Phone:	Email:
<b>Mother Name:</b>		
Work Phone:	Cell Phone:	Email:
<b>The following individuals are permitted to pick up my child from school:</b>		
Name: _____		
Passport/Cedula Number: _____ Phone number: _____		
Name: _____		
Passport/Cedula Number: _____ Phone number: _____		
Name: _____		
Passport/Cedula Number: _____ Phone number: _____		
Name: _____		
Passport/Cedula Number: _____ Phone number: _____		

**Waiver of Pick Up (optional)**

I give permission to my child(ren), \_\_\_\_\_, to leave the premises of Five Stars Academy at dismissal time without adult supervision. I understand that my signature releases Five Stars Academy of all responsibility as my child(ren) will be dismissed into their own care.