Parent/Guardian Approved Pick-up 2022-2023

These individuals have my permission to pick up my student/s:

Name		Name	
			_(
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Address		Address	
Addiess		, radioss	
City, ST ZIP Code		City, ST ZIP Code	
Relationship to student		Relationship to student	
Parent's/Guardian's	Signature		
	Photogra	phic Release	
	Thologia	priic keieuse	
I hereby give my per	mission for Cross Creek Ch	ristian School to use x	photographs of my student
	ımily in newsletters, yearbo		
Parent's/Guardian's Signature		Date	

