**COOPER CHRISTAIN ACADEMY**

**PERMANENT PICKUP FOR STUDENT**

**2024 – 2025**

*Complete One Form For Each Student Enrolled In CCA*

The following people have my permission to pick up my student(s) from Cooper Christian Academy:

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Student** | **Contact Number** |
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I understand that in the event that my student needs to leave CCA campus before school is out for the day, I ALWAYS need to contact the school and let them know in order for the above people to be permitted to check my student(s) out.

I will not hold Cooper Christian Academy responsible for my child(ren) once they check out of school if any of the above people pick my child(ren) up from school whether it is after school or during regular school hours.

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Signature of Parent or Guardian* |  | *Date* |  | *Printed Name of Parent or Guardian* |
|  |  |  |  |  |
|  |  |  |  |  |
| *Phone # of Parent or Guardian* |  |  |  |  |