

CORNERSTONE ACADEMY OF EASTSIDE PRAISE

AUTHORIZED RELEASE AND PICK-UP (#103)

Please allow my child(ren)

1. _____
2. _____
3. _____
4. _____

to be released from Cornerstone to the following adults: Give name, relationship and phone # for each person who is allowed to pick up your child(ren).

1. _____
2. _____
3. _____
4. _____

I understand that my child(ren) will not be permitted to leave the staff of Cornerstone to anyone who is not listed on this release form without prior ***written consent*** from me.

I understand that this form is binding for each entire school year that my child (ren) are enrolled in CAEP.

Parent/Guardian Signature

Relationship to listed child(ren)

Date