



Springs Adventist Academy

2018-2019 Authorized Pick-Up Form

My Student(s) _____ is/are authorized to be picked up by the list of drivers provided below.

- I understand that under no circumstances will the Springs Adventist Academy staff be allowed to release the above student to anyone unless listed below.
- I understand that all unrecognized drivers will be asked to show identification and their ID will be checked against the list below.
- I understand that students will not be released on foot/bicycle unless written consent is attached to this form, including written permission to walk to the bus stop.

Please Include Parents/Guardians

Name	List Relationship	Phone Number