

**Encompass Community  
For Independent Learning  
At Friends Academy**

**Pick-Up Authorization Form**

**Child's Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**The Following Individuals Have Permission To Pick Up My Child:  
(positive i.d. required):**

Person #1 (Please List Yourself): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Person #2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Person #3: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

*This form must be completed in hardcopy or online  
in order to complete registration...*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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