



Victory Collegiate Academy

Student Pick Up List

School Year 20____ / 20____

STUDENT INFORMATION

Student Last Name	Student First Name	Grade Level

The following person(s) may pick up my child from school.

Full Name	Relationship to Student	Phone Number

I give consent for the above named child to be released to the person(s) I have designated above.

Parent / Guardian Signature _____ **Date** _____

The following person(s) MAY NOT pick up my child from school.

Full Name	Relationship to Student