

**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: _____