



11431 University City Blvd, Charlotte, NC 28213 · enrollment@cornerstoneadventistacademy.org

STUDENT RELEASE

Student Name _____ Grade _____ Date _____

This form is good for one year from the date that it was filled out. You may add or delete from this list at any time with written notification to the school office.

The following individuals have my permission to pick up my child from school:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

In the event that you need to send someone to pick up your child that is *not* on this list, please call the school office, your child's teacher, or the director of Extended Care with your request *before* your child is to be picked up. Please do not have someone call for you; we need to know that it is the *parent/guardian* giving permission for this new arrangement.

Emergency phone numbers where parents can be reached:

1. Parent/Guardian _____ Phone Number _____
2. Parent/Guardian _____ Phone Number _____

If you live close enough to the school that your child can walk or ride a bike or if they walk to the bus stop, please check box to give them permission to do so.

Signed _____

Print Name _____