Pick-Up Authorization

I, _____ give permission to _____ at the
(Parent /Guardian) *(Authorized Person)*

following phone number: _____ to pick up my child,
(Authorized Person's Phone Number)

_____ who is/are currently attending New Summit Charter
(Name of student/students)

Academy.

The above mentioned person(s) may also check my student in or out for appointments. This authorization shall remain in effect for the entire school year unless I come in and change the authorization date or names in person.

However, in an emergency situation, any persons listed as an emergency contact in Infinite Campus are authorized to pick up my student as well.

_____ _____
(Parent/Guardian signature) *(Date)*

Parent must complete and sign a new Pick-Up Authorization Form each school year.

School Year 2025-2026 ____