# AlHuda Academy

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www.alhudaacademy.net

## Authorized Person(s) Pick-up Form

I, _____, parent / guardian

of _____, hereby authorize

the following person(s) to pick-up my child in the event that I am not able to do so, and authorize Al-Huda academy to release my child without prior parent/guardian notification.

All persons on the authorized pick-up list who are not well known by the staff of Al-Huda Academy must show a drivers license or they will not be allowed to pick up your child from Al-Huda Academy School.

Please fill in the full name of the person(s) and the relationship to your child:

1. _____

2. _____

3. _____

4. _____

5. _____

_____ _____

Parent / Guardian signature Date