THE KING'S ACADEMY

RESTRICTED PICK-UP INFORMATION 2018-19

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO YOUR CHILD'S HOMEROOM TEACHER ON THE FOLLOWING SCHOOL DAY.

Student's Name: (Please Print) Last	Firs	ST	MIDDLE INITIAL
Parent's Names & Phone Numbers:			
	(Номе)	(CEL	
MOTHER			
	(Номе)	(CEL	_L)
ATHER			
STUDENT'S GRADE: TEA	CHER'S NAME:		
PLEASE LIST ANY SPECIAL FAMILY CIRCU CONCERNING YOUR CHILD. IF THERE ARE AI RECENT COURT DOCUMENTS MUST BE PRO	NY RESTRICTIONS REGAR	RDING CUSTODY C	OF A CHILD, A COPY OF THE MOS
*Special Note: The King's Acade n	MY CANNOT PROHIBIT	' A DADENIT EDOI	
DOCUMENTATION.	OF THE OTHER PARE	ENT <u>WITHOUT</u>	A COPY OF LEGAL COUR
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DOCUMENTATION.	S) BELOW WHO ARE FROM CAMPUS	ENT <u>WITHOUT</u>	A COPY OF LEGAL COUR
LIST ANY AUTHORIZED PERSON(NAME OF PERSON (PLEASE PRINT)	S) BELOW WHO ARE FROM CAMPUS	ENT <u>WITHOUT</u> E PERMITTED TO	A COPY OF LEGAL COUP O REMOVE YOUR CHILD PHONE
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