

# AUTHORIZATION TO RELEASE FORM

Heritage Christian Academy  
10310 NE 195<sup>th</sup> St.  
Bothell, WA 98011  
(425) 485-2585

A carpool schedule or a signed, dated note by parent or guardian is required for release of your child after the school session. Please keep high communication with the teacher and keep your child's profile updated. **Verbal notice is not acceptable.** Thank you for helping us do a better job in safety for your child.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Child's Name Home Telephone Number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Father's Name Daytime / Work Telephone Number Cellular or Pager Number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother's Name Daytime / Work Telephone Number Cellular or Pager Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

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Adults authorized to release my child to (Must be 12 years and older):  
Please include a picture, if possible.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship to Child Telephone Number Cellular or Pager Number

\_\_\_\_\_  
Description of person

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship to Child Telephone Number Cellular or Pager Number

\_\_\_\_\_  
Description of person

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship to Child Telephone Number Cellular or Pager Number

\_\_\_\_\_  
Description of person

Immediate family members or anyone ***not authorized*** to pick up your child from school.  
(Please briefly explain.) Include a picture.

1. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Name Relationship to child Description of person

2. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Name Relationship to child Description of person

Parent's Signature(s)

\_\_\_\_\_ \_\_\_\_\_  
Father Date

\_\_\_\_\_ \_\_\_\_\_  
Mother Date