

ELEMENTARY STUDENT RELEASE CARD

Persons permitted to pick up student from school: _____ **Date:** _____

Mother: Yes _____ No _____ **Father:** Yes _____ No _____

**Gateway Christian Academy WILL NOT permit your child to be picked up
by any person that does not appear on this card unless you notify us accordingly.**

Name: _____

Relationship: _____ **Phone # during school hrs.** _____

Name: _____

Relationship: _____ **Phone # during school hrs.** _____

Name: _____

Relationship: _____ **Phone # during school hrs.** _____

NOTE: PLEASE COMPLETE INFORMATION BELOW

Teacher: _____ **Class:** _____ **Date:** _____

STUDENT RECORD CARD I.D.# _____

Student's Name: _____

Student lives with: **Mother:** _____ **Father:** _____

Home phone: _____ **Cell/Beeper:** _____

Mother's Name: _____

Home address: _____ **City:** _____ **Zip:** _____

Home phone: _____ **Wk. Phone:** _____

Father's Name: _____

Home address: _____ **City:** _____ **Zip:** _____

Home phone: _____ **Wk. Phone:** _____

Other persons to notify in case of emergency if parent cannot be reached:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____