

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: _____

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NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE

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NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE

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: _____

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: _____

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