## **Sunday School Parent Authorization Pickup Form**

Student Name
Class/Grade
Date
Date
Parent/Guardian Information
Parent/Guardian Name
Dhono Musebox
Phone Number
Email
Authorized Persons for Pickup
Authorized Person 1 - Name
Authorized Person I - Name
Relationship to Student
·
Phone Number
Authorized Person 2 - Name
Polationship to Student
Relationship to Student
Phone Number

Additional Notes or Instructions						
Parent/Guard	dian Signature					
Date						