

Archway Arete Student Emergency Pick-Up Form Agreement

Student Name(s)	Grade
1.	
2.	
3.	
4.	

Emergency Contact Name _____ Primary Phone _____

Please indicate the names and contact information for the people authorized to pick-up your child (ren). Include all relatives, siblings, and carpool contacts who are allowed to pick-up your child (ren) from Archway Classical Academy | Arete. It is important that these people have your pick-up sign in their vehicles when they are picking up your child.

I hereby allow my child (ren) to be picked up by the following people:

Full Name	Phone #	Relation to Student
1.		
2.		
3.		
4.		
5.		

Each family will receive a pick-up sign that needs to be placed on the passenger side dashboard for pick-up. This sign will indicate your child's last name, their class and section. If you do not have your sign displayed, you will have to park and walk into the front office to pick-up your child.

Please be sure any/all custody paperwork is on file with the school prior to your child's first day of school.

Please indicate the number of signs your family needs _____

Parent Signature _____ Date _____