

HOME SCHOOL ACADEMY PICK-UP AUTHORIZATION

I give permission for the person/people listed on this form to pick up my child/children,

(Name(s) of child/children)

who is/are currently attending Home School Academy during the 2025-2026 school year. The below listed person(s) may also check my student in or out early/late. This authorization shall remain in effect for the duration of the school year unless I come in and change the authorization date or names in person.

I understand that in an emergency situation, any persons listed as an emergency contact in Infinite Campus are authorized to pick up my student as well.

Authorized Person First/Last

Initials of Parent/Guardian

Authorized Person First/Last

Initials of Parent/Guardian

Authorized Person First/Last

Initials of Parent/Guardian

Authorized Person First/Last

Initials of Parent/Guardian

Parent/Guardian Printed Name

Parent/Guardian Signature

Date