

**Burton Adventist Academy
Student Pick-Up Information**

Please Print Clearly!

Child's Name: _____ Grade: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

In addition, my child has permission to ride with the following person/people:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Instructions: _____

Signature: _____ Date: _____