



# EAST LAKE ACADEMY

*A Roman Catholic School of Academic Excellence*

### Student Pick-Up and Transportation

The following persons have my permission for pick-up and transportation of my child(ren),

\_\_\_\_\_ from East Lake Academy.

I understand that I need to notify the school of any additional persons(s)involved in transporting my child(ren) that is not listed below.

NAME	PHONE NUMBER	RELATION TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that it is my responsibility to update this form regarding any changes, corrections and/or additions.

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(School Year)

\_\_\_\_\_  
(Date)