



# DANIEL ISLAND ACADEMY

## **\*TEMPORARY\***

# PICK-UP AUTHORIZATION

Please list ALL authorized individuals allowed to pick up your child.  
They **MUST** present a valid photo ID at time of pick up.

**VALID FOR ONE WEEK ONLY**

Student's Full Name:		Classroom: <i>(office use only)</i>	
Parent Name:			
Cell Number:		Work Number:	
NAME	RELATION	PHONE	DATE OF P/U

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_