

MILLER'S MILITARY ACADEMY

Authorized Pick-up

Student's name _____

Parent's name _____

Primary number _____ Secondary number _____

Only the following people are allowed to pick-up my child: (Proper ID is required)

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I must notify the Academy in writing should I need to modify the person(s) authorized to pick-up my child.

Signature of Parent or Guardian

Date