PALM VALLEY ACADEMY
BOBCATS

Extended Day

Authorized Pick-up Form

Student
Name(s): _____   Guardian Name: _____

I hereby give Palm Valley Academy Extended Day permission to release my child(ren) to the
following people:

Name: _____   Relation: _____   Phone: _____

Name: _____   Relation: _____   Phone: _____

Name: _____   Relation: _____   Phone: _____

Name: _____   Relation: _____   Phone: _____

Name: _____   Relation: _____   Phone: _____

Parent/Guardian
Signature: _____   Date: _____