

Parent/Guardian Signature ____

Global Village Academy
5720 State Rd. Parma, OH 44134 + Phone: (216) 767-5956 + Fax: (216) 767-5653 globalvillageoh@gmail.com • www.globalvillageacademy.net

CHILD PICK-UP AUTHORIZATION AND RELEASE FORM

CHILD'S Full NAME (please print)			Today's Date	
Parent/Guardian Full Name(s)				
Cell Phone(s):	Home Phone:		Work Phone(s):	
Authorized individuals must pick up your of License, Passport, etc.) to school staff. Your				
Please list below any individual who is authbe at least 18 years of age. Make sure you li				ch authorized person must
NO ONE WILL BE PERMITTE	D TO PICK U	P YOUR CHILD IF T	THEIR NAME IS NOT L	ISTED BELOW.
THE FOLLOWING OTHER IN	NDIVIDUAL(S	S) IS AUTHORIZED	TO PICK UP MY CHIL	D FROM GVA:
1. Full Name (please print)				
Cell Phone	_ Home Phone		Work Phone	·····
Address	City		State	Zip
Relationship (check one): ☐ Grandparent	☐ Relative	☐ Daycare Provider	☐ Other (explain)	
2. Full Name (please print)				
Cell Phone	_ Home Phone		Work Phone	
Address	City		State	Zip
Relationship (check one): ☐ Grandparent	☐ Relative	☐ Daycare Provider	☐ Other (explain)	
3. Full Name (please print)				
Cell Phone	Home Phone		Work Phone	
Address				
Relationship (check one): ☐ Grandparent	☐ Relative	☐ Daycare Provider	☐ Other (explain)	
	AUTHOR	IZATION AND RELI	EASE	
I,	ereby release, gents and reproth, arising out sing out of or regents and reprote, assume the	discharge and indemosesentatives from any a of, or relating to, the or relating to the negligen resentatives. I further or responsibility for cert	nify the GVA, its administed all claims, causes of action departure of my child from the GVA, its adminituderstand that by allowers and dangers that may occurrence.	stration, staff, employees, tion, liability or damages, om the GVA by the above stration, staff, employees, ing my child to picked up

Date_