

**PERMISSION TO PICK-UP STUDENT (1 page)**

**CLASSICAL BEGINNINGS TUTORIAL**

P.O. Box 2362, Chattanooga, TN 37409



[Form updated 1-1-2018]

**DUE AUGUST 15<sup>th</sup>**

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ CBT Class: \_\_\_\_\_

In the interest of security, the tutors and staff of Classical Beginnings, Inc. will dismiss students only to their parents. If you wish to allow anyone else, even relatives, to pick up your child from the tutorial please indicate this below. The first time anyone from this list comes to pick up your child a photo ID will be required.

I, \_\_\_\_\_ (parent/guardian) wish to allow the following persons to pick up my child from the care of tutors/staff at Classical Beginnings. Any changes or additions to this list will be submitted in writing.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

**Parent or guardian signature:**

\_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Father: Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother: Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_