



Nova Elm Academy (NEA)

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STUDENT PICK-UP CONSENT FORM

Date: _____

I, _____, parent/guardian of _____, am authorizing

_____ to pick up my child when I am not able to do so.

Parent/Guardian Signature: _____ Date: ___/___/___

Designated Person Signature: _____ Date: ___/___/___

Administrator's Full Name: _____

Administrator's Signature: _____ Date: ___/___/___