



# HARRISBURG ADVENTIST SCHOOL

## Authorized Pick Up List

School Year  
2020 | 2021

*(Only one form per family needed.)*

Student Name(s)

### PARENT/GUARDIAN AUTHORIZATION STATEMENT

*By signing, I hereby authorize the individuals listed below to pick up my child/ren from Harrisburg Adventist School.*

**I understand that anyone who does not appear on this list will not be permitted to pick up my child/ren at any time or under any circumstance.**

*Parents/Guardians are free to add or remove any person from this list at any time for any reason.*

Parent/Guardian Signature:

Date:

**Please indicate if person named is and EC-Emergency Contact and/or PU-Pick-up**

**(Parents/Guardians are assumed EC /PU and do not need to be added to this list.)**

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		



**HARRISBURG ADVENTIST SCHOOL**  
Authorized Pick up List Continued

*School Year*  
**2020 | 2021**

Student(s) Last Name(s):

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		

Name	Relationship	EC	PU
Primary #	Secondary #		