

AUTHORIZED DRIVER FORM

School Year: 2011-2012

American Christian School
126 South Hillside Avenue
Succasunna, NJ 07876
(973) 584-6616

Family Name:

List All Attending Students & Grade

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I, _____, the parent/guardian, of the above named student/s authorize **only** the following individuals to pick up my child/ren in the event of illness, half days, weather related closings, and emergencies. I realize my responsibility in updating this form as necessary throughout the school year and am aware that I am not permitted to make verbal authorizations over the phone for person/s not listed on this form.

Parent/Guardian Signature _____

Date: _____

	<u>Authorized Drivers</u>	<u>Make & Color of Car</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

No child will be released to an unauthorized driver.