



WALDORF KNOLL ACADEMY

41 IYA ABUBAKAR CRESCENT
JABI
ABUJA.

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Student Pick Up Form

Date: m/ _____ d/ _____ y/ _____

Term: _____

CHILD'S INFORMATION

First Name: _____ Middle Name: _____ Surname: _____

PICK UP INFORMATION

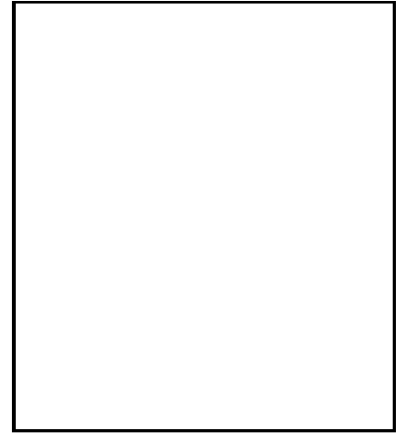
My child can be picked up by:

Pick Up Person #1: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #2:

Home Phone _____ Cell Phone _____ Relationship to Child: _____



Or Pick Up Person #3: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

CONSENT

As parent(s)/guardian(s), we consent to that any of the above-mentioned persons can pick up our child from school. We understand that it is our duty to inform the school officially by filling out a new form if we wish to make any changes.

Name of Parent/Guardian (print)

Signature

Date