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Child Pickup Form

Child's Name	DOB	Age	Sex
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Child's Name	DOB	Age	Sex
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- A. The following people **HAVE** permission to pick-up the child/children named above from River Oaks Academy. Parents are responsible for notifying River Oaks Academy in writing of any changes.

1. Name: _____ Relation: _____

Address: _____ Phone: _____

CODE WORD: _____

2. Name: _____ Relation: _____

Address: _____ Phone: _____

CODE WORD: _____

- B. The following people **MAY NOT** pick-up the child/children named above from River Oaks Academy.

1. Name: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ Relation: _____

Address: _____ Phone: _____

*Note: Any person unfamiliar to the River Oaks Academy staff will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without **WRITTEN permission** from the parent.*

This form is legally binding. By signing it, you agree that all of the information provided herein is correct. False information will result in termination of contract.

Father/Custodian's Signature	Date
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Mother/Custodian's Signature	Date
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