

5704 CR17 S. Sebring, FL 33876

Phone: 863.658.2335 **Fax:** 863.473.8472

Independent Baptist Academy

	Student In	formation					
Full Name: Last	First	M.I.		DOB:	1		
Last	rnst	101.1.	•				
	Authorize	d Pickups					
Please provide the following inforthey are permitted to sign the stu		mitted to pick your child t	up fron	n school. I	Please	indicate i	f
Please Note : For the safety of ousing out each child.	ur students, we will require a	a photo ID to verify the id	lentity o	of those p	icking (
						Early	Sign-ou
Name:		_ Relationship:				_	
Name:		Relationship:				_	
Name:		_ Relationship:				_	
Name:		_ Relationship:				_	
Name:		_ Relationship:				_	
Name:		_ Relationship:				_	
s there anyone who is not pe	ermitted to pickup/sign-o	ut your child for <i>legal</i>	purpo	ses?			
Name:		Relationship:					
Name:		Relationship:					
Name:		Relationship:					
Parent Signature:			Dai	te:			