Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610
Phone (813) 238-0433 ■ Fax (813) 231-0804

STUDENT PICK-UP FORM

Student's Name _____

Parent(s)/Guardian Names _____

_____

This form is effective from _____ to _____

My child/children have my permission to walk home from school. ☐ YES ☐ NO

My child/children have my permission to take public transportation. ☐ YES ☐ NO

The following individual(s) have my permission to pick up my child/children from school:

Name	Phone	Driver's License #

Parent's Signature _____ Date _____