Dr. Lena Edwards
ACADEMIC CHARTER SCHOOL

EMERGENCY PICK UP LIST

2019-2020

Student's Name, _____Grade/Hr, _____

Parent/Guardians Name_____

Phone #_____ Cell #_____

PLEASE PRINT (Names of persons allowed to pick up your child, in the event that you cannot.

EMERGENCY CONTACT PERSON	CONTACT PHONE #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____