

**URBAN DISCOVERY ACADEMY
AUTHORIZATION TO PICK-UP STUDENT
AND
CHANGE OF ADDRESS**

The following adults have my permission to pick my child(ren) up from Urban Discovery Academy

NAME	PHONE NUMBER

Signature: _____ Date: _____

**It's very important that the school has your current address and telephone numbers
If you move or change employment, please notify us by completing the information below.**

CHANGE OF ADDRESS REQUIRES A NEW PROOF OF CALIFORNIA RESIDENCY ATTACHED TO THIS FORM

NEW ADDRESS	NEW PHONE IF APPLICABLE

Please turn into the office when complete to the attention of Delores
Thank you