

PARENT PICK-UP FORM
Please complete one form for each child

Return if Applicable

Student Name: _____

Room Number: _____

Grade: _____ Teacher: _____

My child will be picked up from the parent pick-up area (outside the auditorium) on the following days (please check):

Monday Tuesday Wednesday Thursday Friday

The following people will be picking up my child:

This arrangement is temporary covering the following dates:

This arrangement is permanent unless otherwise notified.

My child has permission to walk home after signing out in the parent pick-up area on the following days (please check):

Monday Tuesday Wednesday Thursday Friday

NOTE:

Children will be put on their assigned bus unless their teacher has been **notified of any changes in writing**.

Thank you for your cooperation.

Parent / Guardian Signature: _____ Date: _____