

**STUDENT PICK UP FORM**

Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

(if Kindergarten, AM or PM)

Student's Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

My Child will be picked up today by mom/dad,  
or by \_\_\_\_\_

(First/Last Name)

\_\_\_\_\_ 2:50 just prior to dismissal (Main Office)

(11:50 on ½ days)

\_\_\_\_\_ 3:00 – 3:15 dismissal in Cafeteria

(12:00-12:15 on ½ days)

\_\_\_\_\_ At the following time: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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