Washington Elementary School
Parent Pick Up Form

## Washington Elementary School Parent Pick Up Form

Child Full Name:	Child Full Name:
Child's Teacher:	Child's Teacher:
Date of pick up: mm / dd / yy	Date of pick up: mm / dd / yy
Time of pick up: 🔲 3:25 PM 🗌 Other AM / PM	Time of pick up: 3:25 PM Other AM / PM
Reason for pick up:	Reason for pick up:
Who will pick up child: (Name and Relationship to Child)	Who will pick up child:(Name and Relationship to Child)
Pick up will be permanent for school year.	Pick up will be permanent for school year.
Pick up will be on a regular basis:	Pick up will be on a regular basis:
Mondays Tuesdays Wednesdays Thursdays Fridays	Mondays Tuesdays Wednesdays Thursdays Fridays
Print Parent Name:	Print Parent Name:
Parent Signature:	Parent Signature:
Date Submitted:	Date Submitted: