

Washington Elementary School
Parent Pick Up Form

Child Full Name: _____

Child's Teacher: _____

Date of pick up: mm / dd / yy

Time of pick up: 3:25 PM Other _____ AM / PM

Reason for pick up: _____

Who will pick up child: _____
(Name and Relationship to Child)

Pick up will be permanent for school year.

Pick up will be on a regular basis:

Mondays Tuesdays Wednesdays Thursdays Fridays

Print Parent Name: _____

Parent Signature: _____

Date Submitted: _____

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