

STUDENT PICK-UP PASS

STUDENT'S NAME \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_

PERSON PICKING UP \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

TIME CHILD WILL BE PICKED UP \_\_\_\_\_

REASON FOR PICK-UP \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

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