

TEACHER: _____

Today's Date _____

Pickup time _____ **3:10 pm** _____ **3:20 pm**
COOLIDGE SCHOOL REGULAR PICKUP SLIP

Student's Name _____

Grade _____

This student will be picked up on a regular basis on the following day(s)

Mondays Tuesdays Wednesdays Thursdays Fridays

Name(s) of person(s) allowed to pick up my child:

❖

❖

❖

❖

❖

I understand that if my child's pick up plan changes in **any way** from the above information, I will send in a signed note explaining the change.

Signature: _____