

# 2017-2018 Student Drop Off / Pick Up Schedule

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Fill in your child's routine drop-off and pick-up schedule for the 2017-2018 school year. Please notify the teacher/office or EDC if there are any exceptions to the routine.

Monday AM:  Drop off at school **or**  Drop off at EDC

Name of AM Driver and phone number: \_\_\_\_\_  
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PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: \_\_\_\_\_  
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Tuesday AM:  Drop off at school **or**  Drop off at EDC

Name of AM Driver and phone number: \_\_\_\_\_  
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PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: \_\_\_\_\_  
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Wednesday AM:  Drop off at school **or**  Drop off at EDC

Name of AM Driver and phone number: \_\_\_\_\_  
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PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: \_\_\_\_\_  
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Thursday AM:  Drop off at school **or**  Drop off at EDC

Name of AM Driver and phone number: \_\_\_\_\_  
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PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: \_\_\_\_\_  
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Friday AM:  Drop off at school **or**  Drop off at EDC

Name of AM Driver and phone number: \_\_\_\_\_  
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PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: \_\_\_\_\_  
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## **Additional people authorized to pick-up students** (photo ID will be required)

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

More people may be listed on the reverse side of this form. Students will not be released to anyone other than their parent/guardian without written permission of parent/guardian or without being listed on this form.

Parent Name: \_\_\_\_\_

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

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

This form will be distributed to the Extended Day Care (EDC) and the After School Tutoring Programs