

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: _____

PM: Drop off at school or Drop off at EDC

Name of PM Driver and phone number: _____

Tuesday AM: Drop off at school or Drop off at EDC

Name of AM Driver and phone number: _____

PM: Drop off at school or Drop off at EDC

Name of PM Driver and phone number: _____

Wednesday AM: Drop off at school or Drop off at EDC

Name of AM Driver and phone number: _____

PM: Drop off at school or Drop off at EDC

Name of PM Driver and phone number: _____

Thursday AM: Drop off at school or Drop off at EDC

Name of AM Driver and phone number: _____

PM: Drop off at school or Drop off at EDC

Name of PM Driver and phone number: _____

Friday AM: Drop off at school or Drop off at EDC

Name of AM Driver and phone number: _____

PM: Drop off at school or Drop off at EDC

Name of PM Driver and phone number: _____

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