

# 2018-2019 Student Drop Off / Pick Up Schedule for Grades K-8

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

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

Fill in your child's routine drop off and pick up schedule for the 2018-2019 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: \_\_\_\_\_