

SCHUYLKILL VALLEY SCHOOL DISTRICT
Dismissal Form

Student Name: _____ **Homeroom:** _____

Date of Pick-up: _____ **Time of Pick-up:** _____

Name of person picking up student: _____

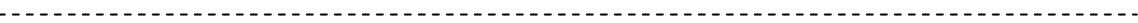
Reason: _____

Parent or Guardian Signature: _____

For Building Use:

Teacher Notified _____

Teacher's Initials _____



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