



Wm. Kaegebein Elementary School
 1690 Love Road
 Grand Island, NY 14072
 716-773-8840



PICK UP / DISMISSAL NOTE FOR ENTIRE YEAR

Only fill out this form if you are planning on picking your student up for the ENTIRE YEAR.

If you are not picking them up the same days each week, it is not necessary to fill out this form.

DATE: _____

STUDENT NAME: _____

TEACHER NAME: _____

Will be picked up at dismissal every: (circle days)

Monday Tuesday Wednesday Thursday Friday

My child may be picked up at dismissal by the following individuals:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

PARENT/GUARDIAN SIGNATURE: _____

PLEASE RETURN COMPLETED FORM ASAP TO THE MAIN OFFICE