South Harrison Township Elementary School District

Dr. Elizabeth Winterburn
Superintendnt/Principal

Mr. Christian Albadine
Business Administrator

Mrs. Katie Sachs
Assistant Principal/CST Supervisor

PARENT PICK UP FORM

(For Recurring Pick-Ups Only)

Student Name:_____ **Homeroom Teacher:**_____

Recurring Pick Up: (Please check the days you plan to pick up on a weekly basis)

M _____ **T** _____ **W** _____ **TH** _____ **F** _____

List all names authorized to pick up your child(ren) including parent/guardian names: Everyone listed below will follow the guidelines for Parent Pick Up Dismissal.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

PLEASE BRING YOUR ID!
We reserve the right to request identification from anyone who is picking up a child from school. **Please Note:**
Parent Pick-Up Times are 3:20pm on Full Days and 1:10pm on Half Days.
Parent Pick-Up Times for Pre-K are 2:45pm on Full Days and 12:45pm on Half Days

If you and the other parent/guardian of your child(ren) will be switching day by day or week by week please provide a calendar of the school year with which days and which parent will be picking up your child(ren).

If for any reason you are unable to pick up your child during a regularly scheduled day, please send a note to the Main Office by **2 PM**.

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____ Date:_____