



# South Harrison Township Elementary School District

Dr. James J. Lavender  
Superintendent of Schools

Dr. Corinne Sannino  
Principal

## **PARENT PICK UP FORM** (For Daily and Recurring Pick Ups Only)

**Student Name:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

Everyone listed below will follow the guidelines for Parent Pick Up Dismissal.

**Parent/Guardian(s) Name:** \_\_\_\_\_  
(Printed)

**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:**  
(Parent Pick UP Times are 3:22 PM Full Day/1:10 PM Half Day)

\_\_\_\_\_  
\_\_\_\_\_

### **PLEASE BRING YOUR ID!**

*We reserve the right to request identification from anyone who is picking up a child from school.*

### **Please Note:**

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 your child's teacher or contact the office by 2 PM.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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