

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: _____

PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: _____

Tuesday AM: ☐ Drop off at school **or** ☐ Drop off at EDC

Name of AM Driver and phone number: _____

PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: _____

Wednesday AM: ☐ Drop off at school **or** ☐ Drop off at EDC

Name of AM Driver and phone number: _____

PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: _____

Thursday AM: ☐ Drop off at school **or** ☐ Drop off at EDC

Name of AM Driver and phone number: _____

PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: _____

Friday AM: ☐ Drop off at school **or** ☐ Drop off at EDC

Name of AM Driver and phone number: _____

PM: Pick up at school **or** Pick up at EDC

Name of PM Driver and phone number: _____

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: _____

This form will be distributed to the homeroom teacher, EDC, and Wednesday's After School Tutoring Program