

Dismissal Form For Cafeteria Pick Up

MONDAY OR WEDNESDAY (Please circle)

I _____ will pick up my child(ren),
weekly at dismissal time. I will go to the cafeteria for this pick-up.

I am not in the car line.

Parent Signature _____

Child _____

Grade _____

Teacher _____

Child _____

Grade _____

Teacher _____

Child _____

Grade _____

Teacher _____

Child _____

Grade _____

Teacher _____