



DEERFIELD ELEMENTARY SCHOOL

2018-2019 EVERY DAY STUDENT PICK-UP INFORMATION

(CIRCLE) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

START DATE: _____

STUDENT _____

GRADE _____ TEACHER _____

ADDRESS _____

TELEPHONE: RESIDENCE: _____

MOM WORK: _____

CELL: _____

DAD WORK: _____

CELL: _____

NAME/PHONE NUMBER(S) OF INDIVIDUAL(S) WHO WILL PICK UP YOUR CHILD DAILY: _____

RELATIONSHIP: _____

It is understood that my child will be picked up every day at the end of school at 3:20PM.

In case of an *early dismissal from school*, I recognize it is my responsibility to be *at school prior to the dismissal time announced by the Superintendent of Schools*. If I am not at school prior to dismissal, per the Early Dismissal Policy, my child will be *placed on the school bus* and I will meet him/her at home.

Parent Signature

Date