



NOTE FROM HOME

Child's Name: _____

Phone #: _____

Teacher: _____

Date: _____

PARENT PICKUP NOTE

(check boxes that apply)

Please dismiss above named student for parent pickup.

Please allow above named student to be picked up at

dismissal by: _____
name of adult other than parent

PICKUP TIME REQUESTED

End of day

Other time: _____
List time for pickup

OTHER:

Parent signature: _____

Kossmann Phone: 850-1010
Flocktown Phone: 852-1376

<http://www.wtschools.org/file/75ee721c.pdf>

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