

Gayhead Elementary School

Student Pick-Up Form

Please write all names legibly.

Please send this to school with your child on the day of pick up who will give it to the teacher. The teacher will forward the note to the main office.

Child's Name: _____ Date: _____

Please write first and last name legibly

Teacher: _____ Grade: _____ Room: _____

Dear Mr. Daley(Principal),

It is necessary that my child be picked up from school **today** at dismissal (2:58 pm). I am aware that **photo proof of identification is required.**

Name of person picking up child _____ Relationship _____

Please write first and last name legibly

Parent / Guardian Please write first and last name legibly

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