



## South Harrison Township Elementary School District

*Dr. Elizabeth Winterburn  
Superintendent/Principal*

*Dr. Kristi Jansen  
Curriculum Supervisor*

*Mrs. Laura Flynn  
Child Study Team Supervisor*

*Mrs. Katie Sachs  
Assistant Principal*

### **PARENT PICK UP FORM**

(For Recurring Pick-Ups Only)

**Student Name:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Recurring Pick Up:** (Please check the days you plan to pick up on a weekly basis)

**M** \_\_\_\_\_ **T** \_\_\_\_\_ **W** \_\_\_\_\_ **TH** \_\_\_\_\_ **F** \_\_\_\_\_

**List all names authorized to pick up your child(ren) including parent/guardian**

**names:** Everyone listed below will follow the guidelines for Parent Pick Up Dismissal.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### **PLEASE BRING YOUR ID!**

*We reserve the right to request identification from anyone who is picking up a child from school. **Please Note:***

**Parent Pick-Up Times are 3:20pm on Full Days and 1:10pm on Half Days.**

**Parent Pick-Up Times for Pre-K are 2:30pm on Full Days and 12:30pm on Half Days**

If you and the other parent/guardian of your child(ren) will be switching day by day or week by week please provide a calendar of the school year with which days and which parent will be picking up your child(ren).

If for any reason you are unable to pick up your child during a regularly scheduled day, please send a note to the Main Office by 2 PM.

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Committed to Excellence***