



South Harrison Township Elementary School District

Dr. James J. Lavender
Superintendent of Schools

Dr. Corinne Sannino
Principal

PARENT PICK UP FORM

(For Daily and Recurring Pick Ups Only)

Student Name: _____ **Homeroom Teacher:** _____

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

Parent/Guardian(s) Name: _____
(Printed)

Parent/Guardian(s) Signature: _____

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:
(Parent Pick UP Times are 3:22 PM Full Day/1:10 PM Half Day)

PLEASE BRING YOUR ID!

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

Please Note:

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 your child's teacher or contact the office by 2 PM.

Parent/Guardian Signature: _____ **Date:** _____

Committed to Excellence

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