

Proposed Late / Early Pick Up Form

Class: _____ Teacher: _____

Child's Name: _____
Last Name First Name Middle Name

*Please choose _____
My Child is going to be (late/ leaving early) on _____ , _____ 20 ____ .
Date Month Year

Reason _____

Expected arrival time / departure time _____ :

Does your child use school bus service? Yes / No

If so, which bus route and station?

Bus Route _____ Bus Station _____

*Please choose

As my child is going to be late/leaving early, he/she is going to cancel my child's morning/
afternoon school bus ride on this day.

Parent Signature: _____ Parents' Name (print): _____

Date: _____ / _____ / 20 ____
Day Month Year

Office Use

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