



## Late / Early Pick Up Form

Class: \_\_\_\_\_ Child's Name: \_\_\_\_\_ , \_\_\_\_\_  
Last First

My child will be:  Late /  Early Pick Up on following date.

Date: \_\_\_\_\_ , \_\_\_\_\_ , 20\_\_\_\_\_  
Date Month Year

Expected arrival / departure time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

### Reason for Late or Early Pick Up

- |  |   |                                     |                                      |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fever ( _____ °C) | <input type="checkbox"/> Headache         | <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Stomachache |
| <input type="checkbox"/> Cough             | <input type="checkbox"/> Not feeling well | <input type="checkbox"/> Vomit      | <input type="checkbox"/> Doctor      |

※ Please do not come to school if your child is not recovered from sickness.

- |  |                                   |                               |                                      |
|--|-----------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Family Matter | <input type="checkbox"/> Personal | <input type="checkbox"/> Trip | <input type="checkbox"/> Cram School |
|--|-----------------------------------|-------------------------------|--------------------------------------|

Health Check (Personal)

Health Check for 3 / 4 / 5 years old or Children Approaching Elementary School Age

Other Reason: \_\_\_\_\_

◆ Does your child use school bus service?

Yes Bus Route \_\_\_\_\_ Bus Station \_\_\_\_\_ /  No

◆ If your child will be Early Pick Up:

How to go home:  Parent will come to the office and pick him/her up /  Home alone

◆ Does your child use after school care?  Yes /  No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_  
Date Month Year