



## 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

Fever ( \_\_\_\_\_ °C)   
  Headache   
  Runny Nose   
  Stomachache  
 Cough   
  Not feeling well   
  Vomit   
  Doctor  
 ※ Please do not come to school if your child is not recovered from sickness.  
 Family Matter   
  Personal   
  Trip   
  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