

C.R. WEEKS ELEMENTARY SCHOOL
STUDENT PICKUP REQUEST

Student		Teacher	
Student		Teacher	
Student		Teacher	

WILL BE PICKED UP BY: _____
PLEASE PROVIDE NAME AND RELATIONSHIP TO STUDENT

ON (DATE(S)) _____
IF A DAILY OR PERMANENT CHANGE, PLEASE SPECIFY

AT: **DISMISSAL (3:25)** **EARLY** *(for appointments or obligations only)*
Time of Early Pickup _____

SIGNATURE OF PARENT/GUARDIAN ONLY

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