

**EVANS ELEMENTARY
STUDENT PICK-UP INFORMATION**



**PICK-UP LOCATION - CAFETERIA
STUDENT PICK UP TIME 3:40 - 3:50 PM**

**PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER ON THE
FIRST DAY OF SCHOOL**

STUDENT _____ GRADE / TEACHER _____

STUDENT _____ GRADE / TEACHER _____

STUDENT _____ GRADE / TEACHER _____

STUDENT(S) WILL BE PICK UP: (PLEASE CHECK ALL THAT APPLY)

M___ T___ W___ TH___ F___ EVERYDAY___

PARENT(S) NAME: _____

CONTACT INFORMATION BETWEEN 9:00 AM - 4:30 PM:

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OTHER CONTACT _____

**THE FOLLOWING PERSON'S ARE AUTHORIZED TO PICK UP THE ABOVE
NAMED STUDENT(S):**

NAME _____ CONTACT # _____

NAME _____ CONTACT # _____

NAME _____ CONTACT # _____

PARENT SIGNATURE _____ DATE _____

Any changes related to this information, please notify the school office as soon as possible.
Thank you!