

QES 2018/2019 PICK UP NOTE

Student's Full Name _____

Parent's Full Name _____

Teacher's Name _____ Date _____ Time _____

Who will be picking student up _____

If your son/daughter will be picked up regularly please check the appropriate boxes below. If they are a one day only pick up, fill in just the date above.

EVERY DAY

EVERY MONDAY

EVERY TUESDAY

EVERY WEDNESDAY

EVERY THURSDAY

EVERY FRIDAY

Parent Signature _____ Date _____

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