C.R. WEEKS ELEMENTARY SCHOOL REQUEST FOR EARLY STUDENT PICK UP

STUDEN1	rs LEAVI	NG PRIOR TO DISMIS			NTS OR OBLIGATIONS
PRINT <u>FULL</u> STUDENT NAME	>	ONLY ONE STUDENT P	ER FORM<	Teacher	
WILL BE PIO	CKED U	P BY (FULL NAM	1E)		
PICKUP DATE		PICKUP TIME			
			*Please Note: Students will not be dismissed from class until a parent or guardian has arrived to pick them up.		
		C.R. WEEKS	ELEMENTARY	SCHOOL	
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			*SIGNATURE OF PARENT or LEGAL GUARDIAN *Please Note: Students will not be dismissed from class until a parent or guardian has arrived to pick them up.		
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