

MEMORIAL SCHOOL STANDARD PICK UP FORM

If your student will be picked up after school consistently on one or more school days per week, please complete this form. This form can be submitted once the school office reopens on August 24, 2020. It can also be emailed to ksklar@email.medfield.net

Student Name: _____ Grade: _____

Please check which days of the week your child will be picked up from school.

Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____

Please write the full name of those authorized to pick up your child from school on the days requested above.

Please note: A daily change to your child's regular dismissal plan must be entered into School Dismissal Manager.

Parent Signature: _____ Date: _____
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