

**Southern Lehigh Joseph P. Liberati Intermediate School
EARLY APPOINTMENT and END-DAY
PARENT PICK-UP FORM**

Date of Pick-Up (today's date): _____

Time of Pick Up: _____

STUDENT NAME	END-DAY TEACHER NAME	GRADE

Name of Party to be Picking Up Child if not a Parent (individual must be on Emergency Contact List):

Parent Name (Please Print): _____

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