

Southern Lehigh Liberty Bell School
EARLY or END DAY PARENT PICK-UP NOTIFICATION FORM

Today's Date (**Date of Pick Up**) _____ End of Day @ 3:25pm **OR** Time: _____

STUDENT NAME	TEACHER NAME	BUS#	GRADE

Name of person picking up child: _____ Relationship To Child: _____

Parent Name (Please Print): _____ Contact #: _____

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