

**Southern Lehigh Middle School  
EARLY APPOINTMENT and END-DAY PARENT PICK-UP FORM**

**DATE OF PICKUP:** \_\_\_\_\_ **Time of Pick Up:** \_\_\_\_\_

<b>STUDENT NAME</b>	<b>END-DAY TEACHER NAME</b>	<b>GRADE</b>

**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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