

Parkview P.S 2015/2016

Third Party Provider Student Pick Up Information Form

Please print & complete one form per child. If your child is enrolled in multiple activities during the week please use the additional spaces provided. Return this form to the school office.

Student Name:		Grade:		
Teacher:		Bus Student:	Yes	No

Activity Provider / Company Name:					
Full Name of Person Picking up Student:					
Telephone Number of provider:					
Days of the week (please circle):	Monday	Tuesday	Wednesday	Thursday	Friday
Effective dates (MM/DD/YY):	Start:		End:		

Activity Provider / Company Name:					
Full Name of Person Picking up Student:					
Telephone Number of provider:					
Days of the week (please circle):	Monday	Tuesday	Wednesday	Thursday	Friday
Effective dates (MM/DD/YY):	Start:		End:		

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