



SCHUYLKILL VALLEY ELEMENTARY SCHOOL
Parent Pick Up Slip

Student Name: _____ **Homeroom:** _____

Date of Pick-up: _____ **Time of Pick-up:** _____

Name of person picking up student: _____

Reason: _____

Parent or Guardian Signature: _____

For Building Use:

Teacher Notified _____ **Teacher's Initials** _____



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