

# TIMMONS

## PARENTAL PICKUP NOTE



Student name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date of pickup: \_\_\_\_\_

Student picked up by: \_\_\_\_\_

After School Activity: \_\_\_\_\_

Check One:

One Time

Permanent: M T W Th F Everyday

\_\_\_\_\_  
Parent Signature

PLEASE notify the Office of any permanent pick up changes after this note has been submitted. Thank you!

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