



ST. JOSEPH
CATHOLIC SCHOOL

AFTER-SCHOOL CHILD PICK-UP PLAN 2019-2020

Please return this form
Aug. 27th or Aug. 28th

(please complete one form for each student)

Student Name: _____

Homeroom Teacher: _____

Parent Signature: _____ Date: _____

My Child will regularly be picked up by his/her parents/guardians.

My child will regularly be picked up by others. (List below)

Regular Family/Individuals that
your child has permission to go
home with:

1) _____

2) _____

3) _____

4) _____

Please list below which family/individual (indicate by using the above numbers) will pick up your student each day:

If there are any changes to this permanent plan below please send a note to your child's teacher. If it is a permanent change please fill out a new form.

Day of Week	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
Carpool number from above (1-4)					

>>> If this schedule changes week to week please explain below:

Comments:

* Please note: these families/individuals will only be allowed to pick-up your child after school. If you would them to be emergency contact/pick-up people, please add them on the Student Emergency Form.

Thank you for helping us keep your child safe!