

George L. Hess Educational Complex

Parent Pick-Up Form

Directions: Please complete this form and have your child submit it to their homeroom teacher on or before the date(s) of pick-up listed below. Please PRINT and complete form in full.

Student Full Name: _____

Grade: _____

House (A,B, or C): _____

Teacher Name: _____

Date(s) of Pick-up: _____

FULL Name of Adult picking up: _____

Emergency Contact Name/Phone if above adult does not pick up:

Name _____

Phone: _____