



SAMUEL BISSELL ELEMENTARY SCHOOL

Parent Pickup Information

Date: _____

Student Name: _____

Teacher: _____ Grade: _____

___ Please **EXCUSE** my child at _____ am/pm for:

___ **Medical appointment.** My child will ___ /will not ___ return to school.

Name of person picking up

___ **Other** - Please explain: _____

___ Please **SEND** my child to Parent Pickup at dismissal:

Car Tag # _____

Parent/Guardian Signature: _____

Phone: _____