PERMANENT PASS REQUEST AND BUS DISMISSAL FORM
2018-2019

TO BE FILLED OUT FOR EACH STUDENT AT THE BEGINNING OF EVERY SCHOOL YEAR AT WELLS ELEMENTARY SCHOOL

DATE: _____
STUDENT NAME: _____ **CLASSROOM TEACHER:** _____

1. **IF YOU WISH TO PICK UP YOUR CHILD** *ON A PERMANENT BASIS* ON ANY GIVEN DAY OR DAYS OF THE WEEK, PLEASE FILL OUT THE PERMANENT PASS SECTION BELOW.

PERMANENT PICKUP PASS: Please indicate any and all persons permitted to pick up your child AT DISMISSAL, and on which days of the week this will occur. Please check off ONLY the specific days that the student will be picked up EVERY WEEK, UNLESS OTHERWISE COMMUNICATED VIA A NOTE ON THE DAY OF THE CHANGE.

Authorized Pick-up Person's **Full Name**	Relationship To Student	Mon.	Tues.	Weds.	Thurs.	Fri.

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