

Pittsgrove Township Schools

Elmer Elementary School 207 Front Street Elmer, New Jersey 08318

Phone: (856) 358-6761 Fax: (856) 358-7550

DANIEL F. BRUCE PRINCIPAL

PRINCIPAL (Ext. 4770)

EXPRESS SIGN OUT FORM

EVERYDAY & RECURRING PICK UP ONLY

DO NOT COMPLETE AND RETURN THIS FORM UNLESS YOU PLAN TO PICK UP YOUR CHILD EVERYDAY OR RECURRING DAY FROM SCHOOL.

STUDEN	T'S NAME_			
GRADE	TEACH	·IER		ROOM #
	for EVERYDA	AY PICK ÚP AT 1		0 p.m. I will follow the erstand that SACC charge 50 p.m.
PARENT I	NAME: Mothe	er & Father/Guard	ian(P	rinted)
PARENT S	SIGNATURE .			
RECURRI basis)	NG PICK – UI	P (Please check w	hat days you plan to	pick up on a weekly
M	T	W	TH	F
OTHER A	ADULTS AUT	HORIZED TO F Adults Should Be	PICK UP MY CHII Prepared to Show I.I	LD IN MY ABSENCE:
Name:			Phone N	umber:
Name:			Phone N	umber:
Name:			Phone N	umber:
Name:			Phone N	umber:

IF ANY OF THIS INFORMATION CHANGES OR YOUR NEED FOR EVERYDAY PICK UP CHANGES, PLEASE CONTACT THE SCHOOL OFFICE at 856-358-6761.

^{**} We reserve the right to request identification from anyone who is picking up a child from school.

^{**} Siblings who pick up students, must be 18 years of age or older. Students will not be released to their minor siblings.