

REQUEST FOR LATE PICK-UP

NAME _____ SCHOOL _____

ACTIVITY/CLASS NAME _____

DAY(S) OF THE WEEK _____ PICK UP TIME _____

START DATE _____ ENDING DATE _____

ATTACH A FLYER OF THE CLASS *********

******* PLEASE NOTE, LATE PICK-UPS WILL ONLY BE AUTHORIZED WITH PRIOR

PARENT NOTIFICATION AND SIGNATURE *******

PARENT SIGNATURE _____ DATE _____