Reunification Drill Pickup Form November 14, 2017

Please return this form to the office by 10/30 (one form per student).

STUDENT	
TEACHER	
PARENT NAME	
PARENT SIGNATURE	
MY STUDENT WILL PARTICIPATE IN THE DRI	LL MY STUDENT WILL OPT-OUT OF THE DRILL.
He/she will be picked up by one of the following authorzied p	people: At 2:15pm, my student will (choose one option):
Name: Relationship: Phone:	☐ Walk/bike home
Name: Relationship: Phone:	☐ Ride the bus home
Name: Relationship: Phone:	Go to Vermont Hills
Name: Relationship: Phone:	☐ Be picked up by normal parent pickup