



Eastern Local Schools Pick-up Registration Form

Student Grade _____

Homeroom Teacher _____

Student Name _____

Primary Phone# _____ Secondary Phone # _____

Parent/Guardian Email Address _____

Home Address _____

Vehicle(s) to expect at pick-up _____

Days that the student will be picked up (please circle): Monday Tuesday Wednesday
Thursday Friday EVERY DAY

Alternate Pick-up list (others who have permission to get your child from school):

Name _____ Relationship to Child _____ Phone Number _____

Name _____ Relationship to Child _____ Phone Number _____

Name _____ Relationship to Child _____ Phone Number _____

Name _____ Relationship to Child _____ Phone Number _____

Name _____ Relationship to Child _____ Phone Number _____

K-2 Pick-ups will begin at 2:35pm in the elementary gym (enter through gym door)

3-5 Pick-up/JH/HSs will begin at 2:45pm (enter through the metal gate).

If you have a child in both age groups, please follow the 3-5/JH/HS Pickup procedure.