

# Lake Street School

## Car Rider / Gym Dismissal Form

*If your child is a Car Rider / Gym Dismissal,*  
Please complete and return to school office

| Child's Name/s: | Grade | Teacher |
|-----------------|-------|---------|
|                 |       |         |
|                 |       |         |
|                 |       |         |
|                 |       |         |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Car Rider / Gym Dismissal

|           | Person(s) Authorized to Pick Up My Child/ren |
|-----------|--|
| Monday    |  |
| Tuesday   |  |
| Wednesday |  |
| Thursday  |  |
| Friday    |  |