2026-2027 School Year Parking Tag# _____

Parents will be permitted to pick up their children **once** this form has been filled out: This is ***ONLY*** for students who will be picked up on a regular basis. All other students who get picked up will still need to sign them out of the office at 2:28pm.

Student's Name: _____ **Grade**: _____
(Last) (First) (MI)

Address: _____

_____

Make:_____ **Model:** _____

Color:_____ **Vehicle Year:** _____

License Plate #: _____ **Driver's Cell Phone #** _____

My son/daughter will be picked up on the following days of the week every week (please circle):

M T W R F

Please read the following driver responsibilities:

1. **I will observe safe driving speed on school grounds at all times *(5mph)***.

2. I will wait patiently for my child to be dismissed from the North exit of the Middle School building.
3. I will not drive away until my child is securely seated in the vehicle and seatbelted securely.
4. I will be respectful of other parents and students as their children move to their vehicles.
5. I will not duplicate/give this parking pass to anyone who should not pick up my child. If my parking pass is lost it is my responsibility to immediately contact the school so the school can be sure my child does not get into a vehicle with someone who should not pick them up.
6. If any of the above rules are violated, I recognize that my parental pick up rights at the North entrance may be removed.

Sign on the reverse side

By signing this document I agree to all of the above and accept responsibility for my child to be released to the one holding this pass. I also acknowledge that it is my responsibility as the parent to keep this pass in a safe place so that my child is released to the person who I deem acceptable.

_____ _____

(Parent/Guardian Signature) (Printed name) (Date)

Parent Cell #_____

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(For office use only)

Approved _____ Date _____

Parking Permit # _____