



# LEMMON SCHOOL DISTRICT 52-4

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## Alternative Student Pick Up Form

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_,  
Printed Parent Name Printed Child's Name

to be picked up by \_\_\_\_\_ from the \_\_\_\_\_  
Printed Name Activity/Event Name

on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The person picking up my child will be required to show an ID to the coach/advisor and sign your child out with the coach/advisor before your child will be allowed to leave the activity described above.

This form must be completed and turned in to the office at least 24 hours BEFORE the event/activity for administrative approval.

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request NOT Approved

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date