

# School Schedule for \_\_\_\_\_

School Name and Address \_\_\_\_\_ Phone \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Room # \_\_\_\_\_



Pick Up Time \_\_\_\_\_:\_\_\_\_\_am / Drop Off Time \_\_\_\_\_:\_\_\_\_\_ pm

Days of the Week

Classes or Specials



Monday

\_\_\_\_\_

Tuesday

\_\_\_\_\_

Wednesday

\_\_\_\_\_

Thursday

\_\_\_\_\_

Friday

\_\_\_\_\_

Extra Curriculars

\_\_\_\_\_

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