

A Note To School:



**This form should be taken to the office.
Parents/Guardians must come to the office to sign students out.**

STUDENT : _____
(Student's first and last name, please print clearly)

DATE: _____/_____/_____

Check Applicable Box Below:

Is late to school due to: _____
_____.

Requests an early dismissal and will be picked up by: _____
at _____ AM/PM due to _____.

Is returning to school after an absence of _____ days due to _____

(Please provide specific illness/symptoms such as flu, nausea,

DATES OF ABSENCE(S): _____

Parent/Guardian Signature

(Daytime Phone numbers to reach parent/guardian for verification of early dismissals or if the school has questions.)