

"I NEED A NOTE" PAD

MY CHILD _____ GR. _____

Was absent from school on _____ due to illness.

Was late for school because _____.

Has a (___ doctor ___ dentist ___ other) appointment on _____ and will have to leave school at _____.

He/she will return. He/she will not return.

Will not be able to participate in PE due to illness or injury from _____ until _____. (Doctor verification attached)

Has my permission to go home with _____ in their carpool.

Other: _____

If you have any questions please call me at _____

Thank you,

Parent/Guardian Signature _____ Date _____

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