



# A NOTE FOR SCHOOL

- Teacher
- Office
- Other: \_\_\_\_\_

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

ABSENCE / TARDINESS:

- was absent
- will be absent
- was late to school
- will be late to school

On date(s): \_\_\_\_\_

Due to: \_\_\_\_\_

This student has been absent 10 or more days and additional documentation is required

- Doctor or additional note(s) attached
- Doctor or additional note(s) will be faxed to 860-429-3641

PICK-UP/ LEAVE EARLY:

- will be picked up by:
- At:  Dismissal
- Due to: \_\_\_\_\_: \_\_\_\_\_ AM/PM

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Contact #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or E-mail: \_\_\_\_\_



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