

Today's Date:		
Parent Name		
Parent Phone Number		-
Student Name		Grade
Will be picked up at(Time)	am/pm on	(Date)
By(Name)		(Relationship to student)
(Marrie)		(Relationship to student)
Is returning to school after an absence due to:		
Date(s) of absence:		
Other:		
Parent/Guardian Signature		

Please print, sign and send to school with the student. Hard copy with original signature is needed for school records.