

SCHOOL NOTICE

Please excuse (Print Name): _____

Teacher _____ Grade: _____

At: ___:___ am/pm on ___/___/___

For/To:

- Medical Appointment
- Parent Pickup
- Other: _____

Will be picked up by:

x _____

Parent Signature:

x _____

*This is not an absent excuse. Students returning to school must always present an excuse signed by a parent/guardian.

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