



School Note:

Late Arrival Early Pick Up

Bus Note Absence

Other: _____

Date: _____

Child's Name: _____

Teacher's Name: _____ School: _____

Is late due to: _____

Will be picked up by _____ at _____ AM/PM

Will be going home with _____
on bus # _____ to _____

Is returning to school after an absence (date(s): _____)
due to illness with the following symptoms:

- | | |
|--|---|
| <input type="radio"/> Rash | <input type="radio"/> Respiratory Illness |
| <input type="radio"/> Chicken Pox | <input type="radio"/> Nausea <input type="radio"/> Diarrhea |
| <input type="radio"/> Strep Throat | <input type="radio"/> Fever (_____ °F) |
| <input type="radio"/> Flu-like illness | <input type="radio"/> Other _____ |
| <input type="radio"/> Asthma | <input type="radio"/> Doctor's note attached |
| <input type="radio"/> Injury (explain) _____ | |

Other: _____

_____/_____/_____
Signature Print Name Relation to Student