

SCHOOL NOTE

DATE: _____ **TEACHER'S NAME** _____

**TO: OFFICE
&
TO: (CIRCLE IF APPLICABLE) – NURSE, P.E.,
ADVENTURE CLUB**

CHILD'S NAME _____ - _____
FIRST LAST

REASON FOR NOTE:

PARENT/GUARDIAN _____
PLEASE PRINT

PARENT/GUARDIAN _____
SIGNATURE

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