



## This form should be taken to the office. Parents/Guardians <u>must</u> come to the office to sign students out.

STUDEN	Γ:(Student's first and last name, please print clearly)
	(Student's first and last name, please print clearly)
DATE:	/
	Check Applicable Box Below:
	Is late to school due to:
	Requests an early dismissal and will be picked up by:
	at AM/PM due to
	Is returning to school after an absence of days due to
	(Please provide specific illness/symptoms such as flu, nausea,
DATES OF ABSENCE(S):	
Parent/Guardian Signature	