

A Note to Pole Green Elementary School
Please **PRINT** information

Teacher's Name _____ Date _____

Student's First Name _____ Student's Last Name _____

Has my permission:

to ride home on (date) _____ on bus # _____ or
to _____ (Street Address)
with _____

(First Name) (Last Name)

to be picked up (date) _____

at _____ o'clock

by _____

(First Name) (Last Name)

(Please do not enter Mom, Dad, Grandmother, etc)

is returning to school after an absence of _____ days
due to: _____ illness

_____ medical/dental appointment

_____ family emergency

Please attach any documentation you may have including
doctor's notes.

Signature of Parent/Guardian

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