

CONFIDENTIAL

**This form may only be completed by a parent or guardian.
Please make copies as needed.**

Date: _____

Dear _____,

Teacher's Name: _____

Child's Name: _____

- My child has a doctor's appointment **today** and will be leaving school at _____.
- My child has a doctor's appointment on _____ and will be arriving to school at approximately _____.
- My child will be going home with _____ **today**.
- My child was absent from school on _____ for the following reason(s) _____

- My child was late to school today for the following reason(s): _____

- My child was late to school on _____ for the following reason(s): _____

Parent/Guardian Signature: _____