A Note to Pole Green Elementary School Please PRINT information	A Note to Pole Green Elementary School Please PRINT information
Teacher's Name Date	Teacher's Name Date
Student's First Name Student's Last Name	Student's First Name Student's Last Name
Has my permission:	Has my permission:
	or to ride home on (date) on bus # or
to(Street Address)	to(Street Address)
with	with
(First Name) (Last Name)	(First Name) (Last Name)
to be picked up (date) o'clock	to be picked up (date) o'clock
by	by
(First Name) (Last Name)	(First Name) (Last Name)
(Please do not enter Mom, Dad, Grandmother, etc)	(Please do not enter Mom, Dad, Grandmother, etc)
is returning to school after an absence of days	is returning to school after an absence of days
due to: illness	due to: illness
medical/dental appointment	medical/dental appointment
family emergency	family emergency
Please attach any documentation you may have including	Please attach any documentation you may have including
doctor's notes.	doctor's notes.
Signature of Parent/Guardian	Signature of Parent/Guardian
Please PRINT information	Please PRINT information — Tascher's Name
Teacher's Name Date	Teacher's Name Date
Student's First Name Student's Last Name	Student's First Name Student's Last Name
Has my permission:	Has my permission:
to ride home on (date)on bus #	to ride home on (date) on bus # or
to(Street Address)	to(Street Address)
with	with
(First Name) (Last Name)	(First Name) (Last Name)
to be picked up (date)	to be picked up (date) o'clock
ato'clock	atO Clock
by	by (First Name) (Last Name)
(First Name) (Last Name)	(Please do not enter Mom, Dad, Grandmother, etc)
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medical/dental appointment	family emergency
family emergency	Please attach any documentation you may have including
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-	Signature of Parent/Guardian
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