A Note to Pole Green Elementary School Please <b>PRINT</b> information		A Note to Pole Green Elementary School Please PRINT information		
Teacher's Name	Date	Teacher's Name	Date	
Student's First Name Has my permission:	Student's Last Name	Student's First Name Has my permission:	Student's Last Name	
* =	on bus # or	1	on bus # or	
to		to		
	(Street Fladress)	with		
(First Name)	(Last Name)	(First Name)	(Last Name)	
at o'clock		at to be picked up (date)	at o'clock	
by	O CIOCK	by	O CIOCK	
(First Name)	(Last Name)	by (First Name)	(Last Name)	
(Please do not enter Mom, I	,	(Please do not enter Mom, D	,	
•		III		
is returning to school after an absence ofdays due to:illness		is returning to school after an absence ofdays due to:illness		
· · · · · · · · · · · · · · · · · · ·		due to:niness 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.	on you may have including	
Signature of Parent/Guardian		Signature of Parent/Guardian		
Please <b>PRIN</b>	NT information	Please PR	INT information	
Teacher's Name	Date	Teacher's Name	Date	
Student's First Name Has my permission:	Student's Last Name	Student's First Name Has my permission:	Student's Last Name	
to ride home on (date)	on bus #	to ride home on (date)	on bus # or	
to		to	(Street Address)	
		with		
with(First Name)	(Last Name)	(First Name)  to be picked up (date)	,	
to be picked up (date)		ato'clock		
at o'clock				
by			(Last Name)	
(First Name)		(Please do not enter Mom,	Dad, Grandmother, etc)	
(Please do not enter Mom, Dad, Grandmother, etc)		is returning to school after an absence ofdays		
is returning to school after an absence ofdays		due to:illness		
due to:illness		medical/dental appointment		
medical/dental appointment		family emergency		
family emergency		Please attach any documentat	ion 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		6		