

DSHS Note Form



Student: _____ ID#: _____
(Full Name)

1. From: _____ Phone #: _____
(Parent/Guardian Name)

2. Is **RETURNING** to school after an **absence of** _____ day(s)

Is **ARRIVING (LATE)** at **Arrival Time:** _____ AM/PM

Is **LEAVING (EARLY)** at **Release Time:** _____ AM/PM

* **STUDENT needs to PICK UP PINK OFF-CAMPUS PASS, BEFORE they leave.**

** Passes available for pick up during Nutrition/Lunch.

*** **For APPOINTMENTS, ask your medical office for a school note and turn it in upon your return.**

3. Due to:

Medical Appt. Dental Appt. Illness Other (specify reason below):

4. Signed: _____ Date: _____
(Parent/Guardian)

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